

Case Number:	CM15-0216699		
Date Assigned:	11/06/2015	Date of Injury:	06/29/2003
Decision Date:	12/18/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Minnesota

Certification(s)/Specialty: Chiropractor

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old male who sustained an industrial injury on 6-29-2003 and has been treated for lumbar intervertebral disc syndrome and lumbar radiculitis. On 9-30-2015 the injured worker reported worsening "exacerbation" of dull, achy, moderate low back and leg pain. Objective findings included positive straight leg raises, sciatica, moderate muscle guard, and 75 degree lumbar flexion. The physician noted that the injured worker was deconditioned. Documented previous treatment is not evidenced in the provided records. The treating physician's plan of care includes one chiropractic manipulation session to include electronic-stimulation and massage. This was noted in several previous notes as well including March, April and May of 2015. The request was denied on 10-15-2015. Current work status states "SSI."

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One chiropractic manipulation session to include E-stim and massage: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested one chiropractic manipulation session to include E-stim and massage. The request for treatment (1 visit) is within the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate to include E-stim and massage. For future visits for the patient, the doctor must document objective functional improvement from this 1 approved visit. Therefore, the requested treatment is medically necessary.