

Case Number:	CM15-0031155		
Date Assigned:	02/25/2015	Date of Injury:	11/19/1995
Decision Date:	04/08/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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

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 54 year old male who sustained a work related injury on 06/28/2014, incurring back injuries when he was assisting with a vehicle extraction of a person. Treatments included chiropractic sessions, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), oral steroids, anti-inflammatory drugs, muscle relaxants, acupuncture therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, epidural steroid injections and physical therapy. He was diagnosed with lumbosacral region sprain/strain, thoracic lumbosacral neuritis and radiculitis, degenerative disc disease of the lumbar spine. Currently, the injured worker complained of ongoing mid to lower back pain. On January 22, 2015, a request for a service of Chiropractic treatment for 12 sessions was non-certified by Utilization Review, noting American College of Occupational and Environmental Medicine Guidelines and California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 153-154; 298-299, Chronic Pain Treatment Guidelines Manual Therapy &

Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines-Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care, not medically necessary. Recurrences/flare-ups, Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with persistent low back pain despite previous treatments with medications, injections, physical therapy, acupuncture, TENS unit, and chiropractic. According to the available medical records, he has had at least 12 chiropractic treatments with no evidences of objective functional improvement. Progress report dated 01/15/2014 by the treating doctor noted patient was to refer to pain management, patient continue to experience pain with diminished ROM, tenderness and spasm. Based on the guidelines cited, the request for additional 12 chiropractic sessions is not medically necessary due to no functional improvement with prior chiropractic treatments.