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| Case Number: | CM15-0031722 | | |
| Date Assigned: | 02/25/2015 | Date of Injury: | 07/26/2009 |
| Decision Date: | 04/10/2015 | 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 53-year-old male who sustained an industrial injury on 7/26/09. The injured worker reported symptoms in the back, neck and shoulders. The diagnoses included lumbago, lumbar decompression and cervicgia. Treatments to date include status post lumbar decompression, nonsteroidal anti-inflammatory drugs, and epidural injection. In a progress note dated 1/9/15 the treating provider reports the injured worker was with "lower back pain, pain with extension of the cervical spine, muscle spasms are palpable next to the spinous processes with the patient relaxed lying prone. Flexion and extension is limited due to pain in the lumbosacral region, diminished sensation to light touch and pinprick over the lateral calf." On 1/22/15 Utilization Review non-certified the request for chiropractic for the lumbar spine, twice weekly for six weeks. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the lumbar spine, twice weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chronic lower back pain, neck pain, and muscle spasm. Previous treatments include medications, injection, and lumbar decompression. While evidences based MTUS guidelines might recommend a trial of 6 chiropractic treatments over 2 weeks, with evidences of objective functional improvements, total up to 18 visits over 6-8 weeks, the request for 12 visits exceeded the guidelines recommendation. Therefore, without demonstrating objective functional improvement with the trial visits, the request for 12 visits is not medically necessary.