

Case Number:	CM15-0051666		
Date Assigned:	03/25/2015	Date of Injury:	09/25/1977
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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 65 year old male, who sustained an industrial injury on September 25, 1977. He reported constant pain into the buttocks. The injured worker was diagnosed as having lumbar plexus disorder and segmental dysfunction. Treatment to date has included radiographic imaging, diagnostic studies, chiropractic care, medications and activity modifications. Currently, the injured worker complains of low back pain, difficulty sleeping and decreased ability to bend and stoop. The injured worker reported an industrial injury in 1977, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. It was noted previous chiropractic care was beneficial in reducing pain. Evaluation on August 21, 2014, revealed continued pain. Additional chiropractic care was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Sessions to include Graston soft tissues mobilization and whirlpool therapy, 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & thoracic (Acute & Chronic).

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 flare-up of his chronic low back pain. While previous chiropractic care noted to be beneficial in reducing pain, 1-2 visits might be recommended by MTUS guidelines for flare-up. The current request for 4 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.