

Case Number:	CM15-0053598		
Date Assigned:	03/27/2015	Date of Injury:	02/02/2014
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/20/2015

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 51-year-old male, with a reported date of injury of 02/02/2014. The diagnoses include low back pain, lumbar degenerative disc disease, and lumbar facet arthropathy. Treatments to date have included oral medications and an MRI of the lumbar spine. The progress note dated 02/23/2015 indicates that the injured worker complained of low back pain and stated that he would be interested in lumbar spine surgery if he was a candidate. The injured worker rated his pain 2 out of 10. It was noted that the injured worker was still interested in a trial with chiropractor for his low back pain flare-ups with working full-time. The physical examination showed a steady gait, without use of devices, good range of motion of the back, and tenderness of the right paraspinal muscles. The treating physician requested chiropractic therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy for the lumbar spine, quantity 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Medical 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." The claimant presented with flare-up of his low back pain from working full time. Physical examination noted steady gait, good ROM, pain is mild, 2/10 on pain scale. There are no functional deficits. While evidences based MTUS guidelines might recommend 1-2 visits for flare-up, the request for 8 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.