

Case Number:	CM15-0057515		
Date Assigned:	04/02/2015	Date of Injury:	02/04/2008
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/26/2015

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 48 year old male, who sustained an industrial injury on 2/4/2008. The current diagnoses are degenerative disc disease of the lumbar spine, spinal stenosis in the lumbar region, and adjustment disorder with depressed mood. According to the progress report dated 2/20/2015, the injured worker complains of low back pain with radiation into the bilateral lower extremities associated with occasional altered sensation and weakness. The pain is described as throbbing, stabbing, burning, cramping, aching, and tender. The pain is rated 6-7/10 on a subjective pain scale. The worst reported level of pain over the prior two weeks was 10/10. The current medications are Gralise, Tizanidine, Opana, Meloxicam, Cyanocobalamin, Replesta, and Allopurinol. Treatment to date has included medication management, physical therapy (beneficial), aquatic therapy (no benefit), massage therapy (moderate benefit), chiropractic (beneficial), and injections. The plan of care includes 16 additional chiropractic sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Visits 2 Times a Week for 8 Weeks, Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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 chronic low back pain for over 7 years duration. Previous treatments include medications, injections, physical therapy, aquatic therapy, massage, and chiropractic. Although prior chiropractic treatments noted to be beneficial, the current request chiropractic therapy visits 2 times a week for 8 weeks exceeded MTUS guidelines recommendation. Therefore, it is not medically necessary.