

Case Number:	CM15-0081391		
Date Assigned:	05/04/2015	Date of Injury:	09/23/2014
Decision Date:	06/04/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/28/2015

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 66 year old male who sustained an industrial injury on 09/23/14. Initial complaints include back pain. Initial diagnoses include lumbar spine intervertebral disc disorder with radiculopathy, right hip sprain/strain, and rule out pelvic fracture. Treatments to date include medications, acupuncture, lumbar brace, and physical therapy treatments. Diagnostic studies include MRI of the spine and right hip, and x-rays. Current complaints include back and right hip pain. Current diagnoses include degeneration of the lumbar intervertebral disc, lumbar disc protrusion, lumbar myofascitis, status post-surgery lumbar spine, right hip bursitis, internal derangement, and strain/sprain. In a progress note dated 01/02/15 the treating provider reports the plan of care as a cold/hot unit, TENS/ESM unit, MRI of the lumbar spine and right hip, acupuncture, physical therapy, and chiropractic care. The requested treatment is chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Therapy Sessions for The Lumbar Spine: Upheld

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

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 low back pain despite previous treatments with medications, acupuncture, bracings, and physical therapy. Reviewed of the available medical records showed no history of chiropractic treatments. While a trial of 6 chiropractic visits over 2 weeks might be recommended by MTUS guidelines, the request for 12 chiropractic therapy sessions exceeded the guidelines recommendation. Therefore, it is not medically necessary.