

Case Number:	CM15-0084637		
Date Assigned:	05/06/2015	Date of Injury:	08/13/2010
Decision Date:	06/08/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male, who sustained an industrial injury on 8/13/10. He reported pain in his lower back related to a trip and fall accident. The injured worker was diagnosed as having chronic lower back pain and L4-L5 disc protrusion with tear. Treatment to date has included chiropractic treatments, a lumbar MRI, Norco and Relafen. As of the PR2 dated 3/23/15, the injured worker reports 4/10 pain in his lower back. He indicated that pain medications reduce his pain by 50%. Objective finding include tenderness over the lumbar spine and paraspinal muscle tightness. The treating physician requested continued chiropractic care for the lumbar spine x 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue chiropractic care for the lumbar spine, QTY: 8.00: 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 & manipulation, p58.

Decision rationale: The claimant sustained a work-related injury in August 2010 and continues to be treated for low back pain. Treatments have included chiropractic care and 10 sessions are documented from November 2014 to December 2014. When seen, there was an antalgic gait with painful and slow transitional movements. Notes reference prior chiropractic treatments has typically helping by the second of third session. Although chiropractic care is recommended as an option in the treatment of chronic pain, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.