

Case Number:	CM15-0087442		
Date Assigned:	05/11/2015	Date of Injury:	09/09/1983
Decision Date:	06/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/06/2015

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 70-year-old male who sustained an industrial injury on 9/9/83. The injured worker was diagnosed as having lumbar subluxation and myofascitis chronic dorso-lumbar. Currently, the injured worker was with complaints of lower back pain. Previous treatments included myofascial release. The injured workers pain level was noted as 3/10. Objective findings were notable for restricted range of motion. The plan of care was for chiropractic treatments and myofascial release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation, 2 Visits, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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. Reviewed of the available medical records showed the claimant has chiropractic treatments once a month on 10/15/2014, 11/14/2014, 12/15/2014, and 01/15/2015. While evidences based MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-up of chronic low back pain, maintenance care is not recommended. Therefore, the current request for 2 chiropractic visits is not medically necessary.

Myofascial Release, 2 Visits, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases Page(s): 60.

Decision rationale: The claimant presented with chronic low back pain with over 32 year in duration. Reviewed of the available medical records showed he has been treated with chiropractic and physiotherapy, including myofascial release once a month. Based on the guidelines cited, the request for 2 myofascial release visits is not medically necessary as maintenance care and chiropractic manipulation for this claimant chronic low back pain is not recommended as medically necessary and appropriate.