

Case Number:	CM15-0231560		
Date Assigned:	12/07/2015	Date of Injury:	07/26/2012
Decision Date:	01/19/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/24/2015

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 48 year old male who sustained an industrial injury 07-26-12. A review of the medical records reveals the injured worker is undergoing treatment for myofascitis, lumbar facet syndrome, and lumbar spine degenerative disc disease. Medical records (10-06-15) reveal the injured worker complains of a flare of his lower back pain. The physical exam (10-06-15) is not documented. The physical exam (09-10-15) reveals moderate spasms were visualized on the left side of the lower back. Mild tender taut fibers were noted on over the left side of the left lower back. Kemp's test was positive on the left. Lumbar range of motion was full and without pain. Prior treatment includes right knee surgery, physical therapy, injections, and an unknown number of chiropractic treatments. The treating provider (10-06-15) reports the previous chiropractic treatments were "very helpful." The treating provider requests 1 chiropractic treatment per month for 12 months. The original utilization review (11-02-15) non-certified the request for 1 chiropractic treatment per month for 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic 1 per month x 12 months for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested treatments at one time per month for 12 months was not established. The requested treatment appears to be more maintenance or elective in nature and as such is not supported by medical treatment utilization schedule guidelines. The MTUS chronic pain treatment guidelines give the following recommendations: 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. Therefore, the requested continued treatment at one time per month for 12 months is not medically necessary and was not established.