MAXIMUS Federal Services

Case Number:	CM14-0162175		
Date Assigned:	10/07/2014	Date of Injury:	09/15/2011
Decision Date:	10/30/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is licensed in Chiropractic care, has a subspecialty in Chiropractic Sports Physician and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49 year old male who was injured on 9/15/11 while working as an aircraft mechanic with no documented mechanism of injury. He has recently had a flare up of low back pain which radiates to the lower extremities and came for no reason. He noticed the pain after coming off of vacation. He had missed 4 days of work according to MD report dated 8-15-14. The diagnosis from the records are myalgia/myositis, Lumbar spondylosis without myelopathy, Lumbago, Lumbar radiculitis, Lumbar stenosis, and Lumbar facet syndrome. The previous treatment has consisted of medications, physical therapy, chiropractic care and spinal decompression with no previous amounts of care given and no objective measurable gains of functional improvement from that therapy.The records do not indicate any diagnostic testing to include x-rays, MRI's and EMG/NCV studies.The doctor is requesting 12 chiropractic sessions at 2 time's/week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care 2 times 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Guidelines 6 treatments over 2 weeks or 3 visits per week for 2 weeks is recommended with up to 18 visits more over 6-8 weeks with evidence of objective functional improvement as stated above. The doctor has not shown objective measurable gains and has ask for too many visits. Therefore the chiropractic care of 2 times 6 weeks is not medically necessary.