

Case Number:	CM14-0162192		
Date Assigned:	10/07/2014	Date of Injury:	07/17/1996
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
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 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 61 year old male who was injured on 7/17/96 while interceding in an attempted murder at the prison working as a corrections officer. According to the records his low back pain flared up after moving furniture at home on a medical doctors report dated 7/24/14. He has been diagnosed with low back pain which radiates to the left hip. Prior treatment has consisted of medications, physical therapy, and chiropractic. It is unclear how much treatment and how the patient responded to care using objective measurable gains in functional improvement. An x-ray on 6/16/14 revealed DJD at L5-S1 with facet arthropathy. The records do not indicate any other diagnostic studies such as MRI's or NVC/EMG testing have been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic spinal decompression therapy QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation http://www.odgtwc.com/odgtwc/low_back.htm

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

Decision rationale: According to the MTUS Chronic Pain guidelines in order to receive more treatment the doctor must show objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. MTUS has no opinion on Spinal Decompression. However, ACOEM and ODG do not recommend use of spinal decompression and therefore it is not medically necessary.