

Case Number:	CM14-0162574		
Date Assigned:	10/07/2014	Date of Injury:	08/16/2005
Decision Date:	11/07/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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 Board Certified 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 patient is a 36-year-old male who injured his low back on 8/16/2005 due to repetitive lifting of heavy bags and working as a machine operator. Per the PTP's report, the patient complains of "continued low back pain 5-8/10." The patient has been treated with medications, aqua therapy, physiotherapies, and psychotherapy for anxiety, home exercises, and chiropractic care. The diagnosis assigned by the PTP is lumbar disc disease. An MRI study of the lumbar spine has evidenced L4-5 disc desiccation with a 2-3 mm disc protrusion and a 3 mm disc protrusion at L5-S1. There is no EMG/NCV study on record. The PTP is requesting 18 decompressed treatments to the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Decompressed Treatments three times a week for six weeks (18 session's total):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation/Traction Sections

Decision rationale: The chiropractic treatment records in the materials submitted for review do not show any evidence of objective functional improvement with the chiropractic treatment rendered in the past. The MTUS ODG Low Back Chapter does not recommend mechanical traction devices for the treatment of low back conditions. It is not clear if the patient has received decompressive therapy for his low back in the past and how effective the therapy has been. Decompressive therapy is not recommended by The MTUS. I find that the 18 decompressive therapy sessions requested to the lumbar spine to not be medically necessary and appropriate.