

Case Number:	CM13-0060482		
Date Assigned:	12/30/2013	Date of Injury:	07/15/1993
Decision Date:	10/13/2015	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/03/2013

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, Minnesota

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 72 year old male, who sustained an industrial-work injury on 7-15-93. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), lumbosacral neuritis-radiculitis and cervical disc degeneration. Medical records dated 6-19-13 indicate that the injured worker complains of constant low back pain that radiates to the bilateral lower extremities (BLE). The injured worker reports that the pain causes difficulty with walking, sitting, standing, or bending for long periods of time. The medical records also indicate worsening of the activities of daily living. Per the treating physician, report dated 6-19-13 the employee is retired. The physical exam dated 6-19-13 reveals pain with range of motion in the cervical spine, positive bilaterally for Jackson's axial compression test, positive bilaterally for maximal foraminal compression, positive bilateral shoulder depression, pain with range of motion in the shoulders, positive Apley's scratch test bilaterally, pain with range of motion in the lumbar spine, straight leg test positive bilaterally and decreased motor strength in the upper and lower extremities. Of note, there are limited records for review. Treatment to date has included pain medication activity modifications, chiropractic (unknown number of sessions) and other modalities. The original Utilization review dated 11-26-13 denied a request for Ten (10) sessions of Chiropractic therapy as there is no documented objective improvement with previous treatment nor a reason given why a home exercise program (HEP) would be insufficient to address any remaining functional deficits as per the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) sessions of Chiropractic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 10 sessions of chiropractic therapy. The requested treatment (10 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate.