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| Case Number: | CM15-0106234 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 10/08/2009 |
| Decision Date: | 07/17/2015 | UR Denial Date: | 05/18/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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 a 63 year old male who sustained an industrial injury on 10/8/09. The injured worker was diagnosed as having other chronic pain and lumbago. Currently, the injured worker was with complaints of low back pain and restrictive range of motion. Previous treatments included medications management, physical therapy, chiropractic, and activity modification. The plan of care was for chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments 2 times a week for 3 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. 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. Recurrences/flare-ups- Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Page(s): 58-59.

Decision rationale: The claimant presented with chronic low back pain despite previous treatment with medications, physical therapy, and chiropractic. Reviewed of the available medical records showed the claimant has had chiropractic treatments previously. However, treatment records are not available, total number of visits is unclear, and no document of objective functional improvement from prior chiropractic visits. Therefore, based on the guidelines cited, the request for additional 6 chiropractic treatment visits is not medically necessary.