

Case Number:	CM15-0011866		
Date Assigned:	01/29/2015	Date of Injury:	03/12/1998
Decision Date:	03/26/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/20/2015

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: New Jersey

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 67-year-old male who reported an injury on 03/12/1998. The mechanism of injury was not stated. The current diagnoses include lumbar degenerative disease, sciatica, chronic pain syndrome, and depression. The injured worker presented on 12/10/2014 with complaints of persistent low back pain. The injured worker reported an aggravation of symptoms without activity. The current medication regimen includes OxyContin 40 mg, lorazepam 1 mg, and Norco 10/325 mg. Previous conservative treatment includes trigger point injections, physical therapy, massage, heat/ice therapy, selective nerve root blocks, epidural steroid injections, and chiropractic treatment. Upon examination, there was tenderness over the cervical, thoracic, and iliolumbar spinal process. The injured worker had iliolumbar tenderness on flexion at the waist to the knee and on extension. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain is caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request does not include a specific body part. Additionally, it was noted within the documentation, the injured worker has been previously treated with chiropractic therapy. There was no documentation of objective functional improvement. Given the above, the request is not medically appropriate.