

Case Number:	CM15-0111541		
Date Assigned:	06/18/2015	Date of Injury:	05/03/2006
Decision Date:	07/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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 65-year-old male, who sustained an industrial injury on 5/03/2006. He reported feeling a pop in his back while carrying a heavy box. The injured worker was diagnosed as having status post remote lumbar decompression, lumbar spondylosis, lumbar radiculopathy, right knee pain, rule out internal derangement, left ankle pain, rule out osteochondral defect/chronic sprain/strain, and generalized abdominal discomfort, rule out industrial causation. Treatment to date has included diagnostics, lumbar spinal surgery x2 (most recent 12/2012), physical therapy, and medications. A progress report (2/04/2015) noted that urine toxicology was negative for all tested substances (inconsistent with prescribed medications documented). Updated magnetic resonance imaging of the lumbar spine (3/26/2015) was submitted. Currently (4/22/2015), the injured worker complains of right knee and left ankle pain, rated 6/10. He had questions regarding potential surgical options for his back and complained of refractory radiculopathy. The radicular pain component was documented as responding well to medications, noting 50% improvement in tolerance to standing and walking. Exam of the lumbar spine noted tenderness, decreased range of motion, positive straight leg raise bilaterally, and decreased sensation in the right greater than left L5 and S1 dermatome. His work status was permanent and stationary and he was not working. The treatment plan included trial chiropractic for the lumbar spine x12.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: 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. For low back manual therapy is recommended as an option. For therapeutic care the recommendation is for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. For Elective/maintenance care, therapy is not medically necessary. For recurrences/flare-ups, there is a need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months is recommended. The claimant presented with chronic low back pain. Previous treatments include medication, surgery, physical therapy, and home exercises. Review of the available medical records showed no history of chiropractic treatments. Although evidence based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for chronic low back pain for a total of up to 18 visits over 6-8 weeks if there is evidences of objective functional improvement, the request for 12 visits exceeded the guidelines recommendation. Therefore, the request is not medically necessary.