

Case Number:	CM15-0118232		
Date Assigned:	06/26/2015	Date of Injury:	12/27/2003
Decision Date:	08/31/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/18/2015

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 61-year-old male, who sustained an industrial injury on 12/27/2003. The documentation submitted for this review did not include the details regarding the initial injury. Diagnoses include neuritis/radiculitis, lumbar disc disorder with myelopathy, spinal fusion, and lumbosacral segment dysfunction and muscle disuse atrophy. Treatments to date include medication therapy and chiropractic therapy. Currently, he complained of pain from the lumbar spine and right sacroiliac joint. On 5/22/15, the physical examination documented muscle tightness and pain with range of motion in the lumbar spine and right pelvis regions. The records indicated treatments including spinal manipulation, myofascial release, lumbar traction, active motion, passive motion and mobilization were completed. Previous sessions documented one on one therapeutic exercise training was done. The plan of care included additional eight chiropractic therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional CMT, Traction, MFR (chiro) 8 visits for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 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.

Decision rationale: The claimant presented with chronic low back pain. Reviewed of the available medical records showed he has completed 24 chiropractic visits today. While traction is not recommended by ACOEM guidelines for treating low back pain, the claimant has exceeded the total number of chiropractic visits recommended by MTUS guidelines. Therefore, the request for additional 8 chiropractic visits with traction is not medically necessary.