

Case Number:	CM15-0118603		
Date Assigned:	06/26/2015	Date of Injury:	01/17/2014
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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:

This 40 year old man sustained an industrial injury on 1/17/2014. The mechanism of injury is not detailed. Diagnoses include acute and chronic lumbar strain, rule out lumbar disc herniation, and obesity. Treatment has included oral medications and chiropractic care. Physician notes on a PR-2 dated 5/12/2015 show complaints of persistent low back pain rated 3/10. Recommendations include additional chiropractic treatment, continue TENS unit therapy, and Kera-Tek gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/Physiotherapy x 6: 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 Manual therapy and manipulation Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Medical 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." The claimant presented with ongoing low back pain despite previous treatments with medications, physical therapy, chiropractic, TENS unit, and home exercises. Reviewed of the available medical records showed the claimant is permanent and stationary, he has had at least 18 chiropractic treatment visits to date. The claimant recently completed 12 chiropractic visits. There is no document of recent flare-up. Ongoing chiropractic treatment is not recommended by MTUS guidelines, and the request for additional 6 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.