

Case Number:	CM15-0120443		
Date Assigned:	07/01/2015	Date of Injury:	05/12/2004
Decision Date:	08/06/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/22/2015

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 62 year old male, who sustained an industrial injury on 5/12/2004. The mechanism of injury is a fall from a ladder. The injured worker was diagnosed as having severe lumbar myofascial spasms, lumbar facet arthritis, lumbar spondylosis, lumbar 4-5 and lumbar 5-sacral 1 disc bulging and lumbar radiculitis. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, acupuncture, physical therapy and medication management. In a progress note dated 5/18/2015, the injured worker complains of low back pain with associated bilateral lower extremities numbness and tingling, rated 7/10. Physical examination showed severe palpable lumbar muscle spasm and decreased lumbar range of motion. The treating physician is requesting 12 sessions of chiropractic therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2x6 sessions (12 sessions) for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." Page(s): 58.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. The rationale for the original peer review denial of 12 chiropractic treatments was that the claimant "has participated in an unspecified number of chiropractic sessions but there is no documentation that the claimant obtained quantifiable functional improvement as a result". The 5/18/2015 progress report from [REDACTED] indicated that the claimant "finds the acupuncture and chiropractic care has been very helpful for his overall lower back pain". Unfortunately, the amount of chiropractic treatment rendered this claimant, time frame over which this treatment was provided and evidence of functional improvement was not available. In order to appropriately apply MTUS guidelines a review of the past history is essential. Moreover, the amount of treatment requested exceeds medical treatment utilization schedule guidelines. The guidelines allow for an initial trial of 6 treatments. The request is for 12 treatments exceeds this guideline. Therefore, the requested 12 treatments are not medically necessary.