

Case Number:	CM15-0170132		
Date Assigned:	09/10/2015	Date of Injury:	08/10/2011
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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, Minnesota

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 August 10, 2011 resulting in neck and low back pain. Diagnoses have included chronic low back and bilateral leg pain due to degenerative disc disorder and bilateral foraminal stenosis at L5-S1; and, cervical pain with C3-C4, C4-5, C5-6, and C6-7 stenosis. Documented treatment includes TENS unit 4 times per week; medication including Norco, Ultram, Relafen, and Zanaflex which is stated in the April 21, 2015 report to help "tremendously" with muscle spasm and sleep. The treating physician states these medications help him function. He has attended at least 5 chiropractic sessions, with some noted benefit. The injured worker continues to complain of neck and low back pain and the treating physician's plan of care includes 12 additional chiropractic sessions for the cervical spine and low back. This request was denied on July 30, 2015 with the rationale that the injured worker should have been transitioned into a home exercise program during the first 6 sessions of chiropractic sessions, and additional chiropractic treatment would be considered "maintenance treatment." The injured worker is working with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional chiropractic sessions for the cervical spine and low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain guidelines above (section 9792.20-9792.26, pg. 58 & 59), manipulation of the low back (and cervical spine) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits in 6-8 weeks. The doctor has requested 12 additional chiropractic sessions for the cervical spine and low back. The patient has already completed 5-6 treatments for this exacerbation. The patient has significant DJD and stenosis to the cervical and lumbar spine according to the records and the patient is working with restrictions. Also, the patient has made progress from the previous 5-6 chiropractic sessions per the medical records. The request for treatment (12 additional visits) is within the above guidelines (total of 18 visits in 6-8 weeks) with objective functional improvement and therefore the request for treatment is medically necessary and appropriate.