

Case Number:	CM15-0178732		
Date Assigned:	09/21/2015	Date of Injury:	11/05/1999
Decision Date:	10/22/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/10/2015

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: Physical Medicine & Rehabilitation

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 71 year old male who sustained an industrial injury on 11-5-1999. A review of medical records indicates the injured worker is being treated for lumbosacral sprain strain and right lower extremity neuralgia-paresthesia. Medical records dated 7-7-2015 noted low back pain that is constant slight to severe. Medical records dated 6-6-2015 noted low back pain fluctuating from 3 up to 7-8 out 10. Physical examination dated 7-7-2015 noted lumbar range of motion was reduced and unchanged from the visit prior. There was paravertebral muscle spasm and tenderness upon palpation in the low back. Treatment has not been beneficial with rest, stretches, ice, and heat. Utilization review form dated 8-5-2015 noncertified evaluation-management, specific chiropractic manipulation, electrical muscle stimulation, intersegmental traction, manual therapy for control of insidious flare up of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: One visit to include evaluation/management, specific chiropractic manipulation, electrical muscle stimulation, intersegmental traction and manual therapy date of service 7/7/2015: Upheld

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: Review of records indicated the patient has been receiving chiropractic treatment on and off for over 15-1/2 years for this 1999 injury via multiple chiropractic providers without documented functional benefit. Symptoms and clinical findings have remained unchanged. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from previous chiropractic treatment already rendered. Clinical exam remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received an extensive conservative treatment trial; however, remains not changed without functional restoration approach. The Retro: One visit to include evaluation/management, specific chiropractic manipulation, electrical muscle stimulation, intersegmental traction and manual therapy date of service 7/7/2015 is not medically necessary and appropriate.