

Case Number:	CM15-0024415		
Date Assigned:	02/13/2015	Date of Injury:	11/06/2014
Decision Date:	08/04/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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 44 year old male, who sustained an industrial injury on 11/06/2014. He reported that while he was pulling a pallet full of product that weighed approximately 550 pounds he noted a pain to his back. The injured worker was diagnosed as having lumbar sprain/strain, lumbago, injury to the lumbar nerve root, and lumbar pain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, and use of a back brace. In a progress note dated 01/21/2015 the treating physician reports complaints of continued low back pain. Examination reveals limited range of motion and non-radiating leg pain. The treating physician requested chiropractic therapy for the lumbar spine three times a week for four weeks, but the documentation provided did not indicate the specific reason for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the lumbar spine, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS 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 Page(s): 58-59.

Decision rationale: The claimant presented with ongoing low back pain despite previous treatments with medications and bracings. Review of the available medical records showed no history of chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for chronic low back pain, the request for 12 visits exceeded the guidelines recommendation. Therefore, without achieving objectives functional improvements with the trial visits, it is not medically necessary.