

Case Number:	CM15-0028612		
Date Assigned:	02/20/2015	Date of Injury:	01/08/1996
Decision Date:	04/06/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/17/2015

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, Oriental Medicine

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 56 year old male who sustained an industrial injury on January 8, 1996. He has reported lower back pain and has been diagnosed with displacement of lumbar intervertebral disc without myelopathy, myalgia and myositis, nonallopathic lesions of lumbar region, and nonallopathic lesions of pelvic region. Treatment has included medications and chiropractic care. Currently the injured worker complains of lower back pain and spasms. The treatment plan included chiropractic care. On January 9, 2015 Utilization Review non certified chiropractic manipulation, mechanical tract, myofascial release lumbar spine and chiropractic reexamination visit citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation, Mechanical Tract, Myofascial Release for the Lumbar Spine
QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration, Manual therapy & manipulation Page(s): 9, 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: The Chronic pain Medical treatment guidelines recommend manipulation for chronic pain. The guideline recommends 1-2 visits every 4-6 months if return to work is achieved with re-evaluation of treatment success for patients with a flare up. Based on the records, there was documentation that the patient had a flare up of low back pain. The provider's request for 6 chiropractic session for the lumbar spine exceeds the guidelines recommendation of 1-2 visits over 4-6 months for flare up. The provider's request is inconsistent with the guidelines; therefore, the provider's request is not medically necessary at this time.

Chiropractic Re-Examination Visit QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

Decision rationale: The MTUS guidelines do not make specific recommendation to office visit; therefore alternative guidelines were sought. The Official Disability states that office visits are recommended as determined to be medically necessary. The patient has chronic low back pain. There was documentation of flare ups of his low back pain. Therefore, a re-examination is medically necessary. Based on the guidelines, the provider's request for 1 chiropractic re-examination is medically necessary.