

Case Number:	CM15-0064798		
Date Assigned:	04/10/2015	Date of Injury:	07/23/2009
Decision Date:	05/28/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/06/2015

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 41 year old male with an industrial injury dated July 23, 2009. The injured worker diagnoses include sciatica, muscle spasm and displacement of lumbar intervertebral disc without myelopathy. He has been treated with periodic follow up visits. According to the progress note dated 3/6/2015, the injured worker reported constant moderate dull pain radiating to the left lumbar and left medial lower thoracic region. The injured worker rated his back pain as a 4/10 and sciatica as a 2/10. Objective findings revealed difficulty rising from sitting position, moderate pain at L1-L5 and the ilium on the left, muscle tension of the lumbar paraspinal muscles and gluteal muscles on the left. The treating physician prescribed services for outpatient chiropractic treatments, eight sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments, eight (8) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

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 flare-up of his chronic low back pain. Reviewed of the available medical records showed previous chiropractic treatment had been helpful. The claimant most recent flare-up dated 01/30/2015 is noted to improved with an unknown number of chiropractic visits. While evidences based MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-up of low back pain, ongoing maintenance care is not recommended. Therefore, the current request for 8 chiropractic sessions exceeded the guidelines recommendation, and not medically necessary.