

Case Number:	CM15-0067917		
Date Assigned:	04/15/2015	Date of Injury:	10/01/2014
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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 39-year-old male, who sustained an industrial injury on 10/01/2014. He reported a sharp and shooting pain down his right leg while lifting a table. The injured worker was diagnosed as having lumbar strain, sciatica, lumbar disc herniation/neuralgia, and thoracic strain/muscle spasms. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. Magnetic resonance imaging of the lumbar spine, dated 12/22/2014, was submitted. Currently, the injured worker complains of low back pain, rated 2-4/10. Pain was noted in the right buttock and posterior knee when activities were excessive. Chiropractic treatment was documented as alleviating his symptoms by at least 50%. His work status remained totally temporarily disabled. Medications included Ibuprofen, Citalopram, and Risperidone. The treatment plan included continued chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 12 visits for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 58-59.

Decision rationale: The claimant presented with persistent low back pain despite previous treatment with medications, physical therapy, and chiropractic. While there are no concurrent therapeutic exercise program to facilitate objective functional improvement, the claimant has completed 6 chiropractic visits with passive physiotherapy. Although pain leveled reduced, there is no improvement in the patient's functional level, no objective improvement in physical exam findings, and the he remained on temporary totally disabled. Based on the guidelines cited, the request for additional 12 chiropractic visits is not medically necessary.