

Case Number:	CM15-0072886		
Date Assigned:	04/23/2015	Date of Injury:	10/07/1993
Decision Date:	05/28/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/16/2015

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 61 year old male, who sustained an industrial injury on October 7, 1993. The injured worker has been treated for a respiratory condition, allergies and low back complaints. The diagnoses have included lumbago, chronic lumbar sprain/strain, intervertebral lumbar disc syndrome, sciatica allergic asthma and gout. Treatment to date has included medications, radiological studies, heat treatments and chiropractic care. Current documentation dated February 3, 2015 notes that the injured worker reported low back pain rated at an eight-nine out of ten on the visual analogue scale. The pain occasionally radiated down the right leg to the knee. Examination of the lumbar spine revealed tenderness to palpation and spasm, worse on the right side. Range of motion was noted to be painful and restricted. Orthopedic testing revealed a positive straight leg raise and Patrick Faber bilaterally. The treating physician's plan of care included a request for chiropractic treatment to the lumbar spine # 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Treatment for The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Expert Reviewer based his/her decision on the MTUS 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
Page(s): 58-59.

Decision rationale: The claimant presented with chronic low back pain. Reviewed of the available medical records showed the claimant has had multiple chiropractic treatments for his low back pain previously with no clear objective functional gains. The current request for 8 chiropractic treatments also exceeded MTUS guidelines recommendation for flare-ups. Therefore, it is not medically necessary.