

Case Number:	CM15-0073393		
Date Assigned:	04/23/2015	Date of Injury:	12/05/2014
Decision Date:	05/27/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/17/2015

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

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 December 5, 2014. He reported being pinned between a forklift and a pallet. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbar spinal stenosis. Diagnostics to date has included MRI. The injured worker underwent chiropractic therapy with therapeutic exercise, manual therapy, electrical stimulation, and home exercise program education. Additional treatment to date has included work modifications and non-steroidal anti-inflammatory, pain, and muscle relaxant medications. On February 18, 2015, the injured worker complains of intermittent sharp lumbar spine pain, which was mild to moderate in severity. The physical exam revealed tenderness and spasm of the lumbar spine paravertebral muscles and left sacroiliac joint. There was pain with range of motion. The requested treatment is 6 chiropractic therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Therapy Sessions for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

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 persistent low back pain despite previous treatment with medications, chiropractic, physiotherapy, and home exercises. Reviewed of the available medical records showed the claimant has completed 6 chiropractic visits with no evidences of objective functional improvement. There is no progression, no changes in subjective and objective findings. Based on the guidelines cites, the request for additional 6 chiropractic is not medically necessary.