

Case Number:	CM15-0093875		
Date Assigned:	05/20/2015	Date of Injury:	07/02/1991
Decision Date:	08/13/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/15/2015

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:

This 55 year old male sustained an industrial injury on 7/02/91. He subsequently reported back pain. Diagnoses include lumbar sprain and myofascitis. The injured worker continues to experience low back pain that radiates to the right hip and right lower extremity. Upon examination, there is antalgic and guarded gait. There was moderate to severe taut painful fibers and trigger points and moderate to severe hypertonicity/ spasm on digital pressure in the right and left side quadratus lumborum muscles, erector spinae muscles, gluteus medius and piriformis muscles. Moderate swelling in the right and left side lumbosacral and thoracic-lumbar levels is noted with attending moderate to moderate-severe spasm is noted on palpation. Active range of motion of the lumbar spine is reduced. Deep tendon reflexes of the lower extremity notes a plus 1 weakness on the right patella and Achilles reflex on testing. A request for Chiropractic for four (4) additional office visits and fifteen (15) minute standard reexamination was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for four (4) additional office visits and fifteen (15) minute standard reexamination: 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 and Manipulation Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Medical 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." The claimant presented with flare up of his chronic low back pain. Reviewed of the available medical records showed the claimant has been treated with chiropractic and physiotherapy 1-2 times a month from 11/14/2014 to 06/08/2015. While ongoing maintenance treatment is not recommended by MTUS guidelines, the request for 4 visits also exceeded the guidelines recommendation for flare-ups. Therefore, it is not medically necessary.