

Case Number:	CM15-0095211		
Date Assigned:	05/21/2015	Date of Injury:	06/24/1991
Decision Date:	07/01/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/18/2015

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 60-year-old male, who sustained an industrial injury on 06/24/1991. According to a progress report dated 04/20/2015, the injured worker reported little to no back pain. He had no lower extremity numbness, tingling, weakness or radiating pain. He was doing well. Over the years, he had used chiropractic therapy for relief of symptoms. He was not taking any medications. He had no change in bowel or bladder function, no myelopathy symptoms. Medications listed included Tylenol with Codeine, Lovastatin, Lisinopril and Metformin. Assessment was noted as a 59-year-old male with intermittent low back pain ache, pain and discomfort who has lumbar stenosis and spondylolisthesis. The provider noted that the injured worker was doing well without neurologic signs or symptoms. Treatment plan included chiropractic therapy two times a week for six weeks to work on core strength and alignment. Treatment to date has included MRI, medications, physical therapy and chiropractic care. Currently under review is the request for chiropractor therapy with core strength and alignment x 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor therapy with core strength and alignment (times twelve): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the MTUS, page 58, and give the following recommendations regarding manipulation: "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," page 58.

Decision rationale: The medical necessity for the requested 12 sessions of chiropractic treatment at 2 times per week "to work on core strength and alignment" was not established. At the time of the evaluation the claimant had no clinical findings that would necessitate treatment. Subjectively the claimant "reports little to no back pain. He has had no lower extremity numbness, tingling, weakness, or radiating pain. He is doing well." Objectively there were no clinical findings that would necessitate the requested treatments. In addition, the request exceeds MTUS guidelines with respect to number of treatments. The request is not medically necessary.