

Case Number:	CM14-0051275		
Date Assigned:	06/23/2014	Date of Injury:	03/15/2010
Decision Date:	07/28/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 68 year old female whose date of injury is 03/15/10. The injured worker is noted to complain of low back pain and pain in the left leg. A request for chiropractic care 2 times a week for 6 weeks was non-certified on 03/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xWk x 6Wks lumbar spine QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The injured worker is reported to complain of low back pain and left leg pain, and was recommended to undergo chiropractic treatment. However, there were no diagnostic/imaging studies submitted for review with objective evidence of lumbar spine pathology. No comprehensive history of the nature and extent of treatment to date was provided, including evidence of prior chiropractic therapy or other conservative measures. Based on the lack of documentation of treatment to date, this request is not medically necessary.