

Case Number:	CM14-0188282		
Date Assigned:	11/18/2014	Date of Injury:	01/18/2011
Decision Date:	01/07/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/12/2014

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 licensed in Chiropractic and is licensed to practice in California. 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 patient is a 40-year-old male with a date of injury of 1/18/2011. According to the exam date 9/15/2014, the patient complained of increasing low back pain with radiating pain into the left lower extremity with increased numbness. Prolong walking aggravates the patient's symptoms. Significant objective findings include decrease range of motion in the lumbar spine, paravertebral tenderness, and positive straight leg raise at 50 degrees on the left. The patient was diagnosed with herniated nucleus pulposus L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x6 weeks Lumbar Spine: 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): 58-60.

Decision rationale: According to the MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. Based on the submitted records, the current prescription for chiropractic would most accurately be evaluated as an initial trial, for which the

guideline recommend 6 visits. The provider's request for 12 chiropractic sessions for the lumbar spine exceeds the guidelines recommendations; therefore, the provider's request is not medically necessary. Additional chiropractic sessions beyond the initial 6 visits may be necessary with documentation of functional improvement.