

Case Number:	CM14-0196249		
Date Assigned:	12/04/2014	Date of Injury:	06/14/2013
Decision Date:	01/20/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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:

This is a 50 year old injured worker (IW) with an injury date of 06/14/2013. The injury resulted in lower back pain, and he has a diagnosis of lumbar sprain and strain. Treatments over the life of the claim include an epidural injection done in July of 2014 (the record is not included in the file). According to notes of the treating physician on 08/12/2014, the IW has serious spinal stenosis at lumbar 4-5. He complains of a backache with radiation down the leg. These symptoms are exacerbated with repeated lifting, bending, pushing and pulling. The examination on 08/12/2014 shows no deficit in motor strength on bilateral lower extremities, and deep tendon reflexes are normal. There is decreased sensation in the L5 dermatome. Treatment plan includes chiropractic care. No home medications are noted. And the IW is under no work restrictions. According to the Utilization Review (UR) letter of 10/30/2014, 8 sessions of Chiropractic treatments for the lumbar spine (two times a week for four weeks) as an outpatient is requested. The UR decision is for non-certified of 8 sessions of Chiropractic treatments for the lumbar spine (two times a week for four weeks) as an outpatient. This decision is based on CA-MTUS (California Medical Treatment Utilization Schedule) recommendations that do not support chiropractic manipulation treatments for elective/maintenance care.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic treatments for the lumbar spine 2 x a week for 4 weeks as an outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The claimant presented with ongoing low back pain. He had an epidural injection the provided significant improvement. He has had some chiropractic treatment previously, however, there is no treatment records available. The total number of chiropractic sessions is unknown, treatments responses and functional improvements are not known. Based on the guidelines cited, the request for 8 chiropractic treatments is not medically necessary.