

Case Number:	CM14-0198433		
Date Assigned:	12/10/2014	Date of Injury:	02/11/2007
Decision Date:	02/05/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/25/2014

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 a licensed Chiropractor (DC), has a subspecialty in Acupuncture 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 reported to be a 54 year old female with a 2/11/2007 date of injury; claimant injured her lower back while working for [REDACTED]. She is being medical managed by [REDACTED] with medical services and referral for Chiropractic care. [REDACTED] requested 8 sessions of Chiropractic care on 10/20/14. The patient presented with reported significant pain and spasm to her lower back with pain radiating to the right posterior thigh; difficulty ambulating was observed. Pain also reported over posterior right shoulder. Following examination, diagnoses of impingement syndrome, right shoulder and disc bulge lumbar spine with right sided sciatica was reported. Aquatic therapy, medications, exercise and 8 Chiropractic visits were prescribed. On 11/3/14 a UR determination modified the request for 8 sessions of Chiropractic to 6 sessions of Chiropractic state the modification was in compliance with CAMTUS Chronic Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the lumbar spine twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58/59.

Decision rationale: The patient is reported to be a 54 year old female with a 2/11/2007 date of injury; claimant injured her lower back while working for [REDACTED]. The request for initiation of Chiropractic requested by [REDACTED], 8 sessions, exceeded California MTUS Chronic Treatment Guidelines for an initial trial of care recommending 6 sessions. The report from [REDACTED] did not contain any compelling clinical evidence to warrant exceeding the guidelines leaving the modification to 6 sessions by the UR consultant reasonable and consistent with California MTUS Chronic Treatment Guidelines as referenced.