

Case Number:	CM14-0203295		
Date Assigned:	12/15/2014	Date of Injury:	07/28/2005
Decision Date:	03/19/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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 51 year old female with an industrial injury dated 07/28/2005. Her diagnoses include herniated lumbar disc. Recent diagnostic testing was not provided nor discussed. She has been treated with previous chiropractic therapy, medications, and physical therapy. In a progress note dated 10/23/2014, the treating physician reports worsening lumbar spine pain with radiation to the left leg, despite treatment. The objective examination revealed decreased range of motion in the lumbar spine. The treating physician is requesting additional chiropractic therapy which was denied by the utilization review. On 11/24/2014, Utilization Review non-certified a request for chiropractic therapy 2 times 6 for the lumbar spine, noting the lack of documented functional improvement. The MTUS Guidelines were cited. On 12/04/2014, the injured worker submitted an application for IMR for review of chiropractic therapy 2 times 6 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2 Times A Week for 6 Weeks for The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with ongoing low back pain despite previous treatments with medications, physical therapy, and chiropractic. Reviewed of the available medical records showed the claimant has had 12 chiropractic treatments recently. However, there is no evidences of objective functional improvements, her pain actually got worst. Based on the guidelines cited, the request for additional 12 chiropractic therapy sessions is not medically necessary.