

Case Number:	CM14-0205474		
Date Assigned:	12/17/2014	Date of Injury:	12/14/1990
Decision Date:	02/26/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/08/2014

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 claimant is a 58-year-old female who was involved in a work injury on 12/14/1990 in which she injured her back. The claimant is currently under the care of [REDACTED] for complaints of chronic lower back pain. On 7/28/2014 the claimant was reevaluated by [REDACTED] for complaints of chronic lower back pain. The claimant was diagnosed with back pain, chronic pain syndrome, and depression. The recommendation was for medication. There was also a request for 12 chiropractic treatments at one time per week for 12 weeks. This was denied by peer review on 12/8/2014. The purpose of this review is to determine the medical necessity for the requested 12 treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic one time a week for 12 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

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

Decision rationale: The MTUS chronic pain treatment guidelines give the following recommendations: "Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Requesting treatment at one time per week for 12 weeks suggest more maintenance or elective type treatment is not supported by MTUS guidelines. A clinical trial of 6 treatments would be appropriate. However, the requested 12 treatments exceed this guideline and is therefore, noncertified.