

Case Number:	CM14-0064160		
Date Assigned:	07/11/2014	Date of Injury:	10/18/2011
Decision Date:	10/02/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/07/2014

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 52-year-old female who sustained a work related injury October 18, 2011. History included herniated lumbar disc. According to a primary treating physician's progress report, dated April 14, 2014, the injured worker presented for re-evaluation, with continued complaints of low back pain and radiation down the right leg, with numbness and tingling. Physical examination revealed; gait is normal; lumbar spine- pain toward terminal range of motion, sciatic notch is positive, straight leg raise and FABER tests are negative bilaterally. Diagnoses are spinal stenosis; radiculopathy. Treatment plan included to continue with home exercise program and anti-inflammatory medication, and at issue, a request for authorization for eight additional chiropractic treatments 2 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) additional chiropractic treatments, 2x a week for 4 weeks for the lumbar spine:
 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 Manipulation/Manual Therapy Page(s): 58-59.

Decision rationale: The claimant presented with ongoing low back pain despite previous treatments with medications, chiropractic, and home exercises. Reviewed of the available medical records showed the claimant had completed 16 chiropractic treatments with was helpful. However, the patient still experiencing recurrent ongoing pain and the request for additional 8 visits also exceeded the guidelines recommendation for treatments. Therefore, it is not medically necessary.