

Case Number:	CM15-0006847		
Date Assigned:	01/26/2015	Date of Injury:	10/01/1997
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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 66 year old male, who sustained an industrial injury on October 1, 1997. He has reported lower back pain. The diagnoses have included lower back pain, lumbar degenerative disc disease, lumbar spondylosis, and spinal stenosis. Treatment to date has included chiropractic, medications, and imaging studies. Currently, the injured worker complains of continued lower back pain. The treating physician is requesting chiropractic treatments for one month as needed. On December 22, 2014 Utilization Review non-certified the request for chiropractic treatments noting the lack of documentation to support the medical necessity of the treatments. The MTUS chronic pain medical treatment guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor One Month - timeframe/times PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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 complains of lower back pain. Reviewed of the available medical records showed he has had chiropractic treatments previously with improvement. However, there is no prior chiropractic treatments records available, and the total number of visits is unknown. The current request is for ongoing chiropractic treatments once a month as needed for maintenance. Maintenance care is not recommended by MTUS guidelines, therefore, it is not medically necessary.