

Case Number:	CM15-0008783		
Date Assigned:	01/26/2015	Date of Injury:	06/18/2012
Decision Date:	04/02/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/15/2015

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:

According to the available medical records, this is a 45 year old female with chronic low back pain that radiated to left lower extremity, date of injury is 06/18/2012. Previous treatments include medications, physical therapy, acupuncture, chiropractic, and home exercises. Progress report dated 12/15/2014 by the treating doctor revealed patient with intermittent slight low back and left leg pain, pain level are decreasing while her ROM and functional capacity increased, VAS=3, able to increase activity with less medications. Objective findings include muscle tenderness. Diagnoses include lumbar disc syndromes, lumbar segmental dysfunction, and paresthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiro Manipulation Therapy 1x4 Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in

functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. 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. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with chronic low back pain. Reviewed of the available medical records showed the claimant has had 15 chiropractic visits to date with helped decreased her pain level, increased ROM, increase functional capacity, increase activity level, and decreased medications intake. Based on the guidelines cited, there are evidences of objective functional improvements with chiropractic treatments. The request for additional 4 chiropractic manipulation therapy is appropriate.