

Case Number:	CM15-0101675		
Date Assigned:	06/04/2015	Date of Injury:	01/17/2012
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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, Minnesota
 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 38 year old female who sustained a work related injury January 17, 2012. According to a physician's reevaluation, dated April 7, 2015, he documented chiropractic has been helpful and she feels no pain undergoing treatment. He recommends chiropractic treatment once a month for twelve months, for continued pain relief and so she may continue to work. There is no documentation of physical examination/objective findings present in the medical record. A physician's note from January 6, 2015, documents she has had four of twelve sessions of chiropractic treatment and is 70% better. A request for authorization dated April 21, 2015, lists the diagnoses as sciatica and degenerative disc disease (DDD). At issue, is the request for chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lumbar spine 1 time monthly for 12 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. According to the records the patient has received 12 visits in 2013 and 12 visits in 2014 without documenting objective functional improvement except to state that it keeps the patient working. The doctor has requested chiropractic treatment for the lumbar spine 1 time per month for 12 months which is maintenance care. This treatment is not according to the above guidelines (maintenance care not recommended) and therefore the requested treatment is not recommended and appropriate. Therefore, the requested treatment is not medically necessary.