

Case Number:	CM15-0105692		
Date Assigned:	06/10/2015	Date of Injury:	01/03/2014
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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 52-year-old male who sustained an industrial injury on 01/03/2014. The injured worker was diagnosed with lumbar sprain/strain and lumbar degenerative disc disease. Treatment to date has included diagnostic testing, conservative measures, acupuncture therapy, physical therapy, transforaminal epidural steroid injection in October 2014, traction and oral steroids. According to the primary treating physician's progress report on May 7, 2015, the injured worker continues to experience low back pain. There were no documented objective findings. Current medications were not documented. Treatment plan consists of the current request for chiropractic therapy twice a week for 6 weeks for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x 6 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

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

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 despite previous treatments with medications, injections, acupuncture, physical therapy, and home exercises. Reviewed of the available medical records showed no history of prior chiropractic treatment. Although a trial of 6 chiropractic visits over 2 weeks might be recommended by MTUS guidelines, the request for 12 visits exceeded the guidelines recommendation. Therefore, without demonstrating evidences of objective functional improvement with the trial visits, the current request for 12 visits is not medically necessary.