

Case Number:	CM15-0109024		
Date Assigned:	06/15/2015	Date of Injury:	09/14/2010
Decision Date:	07/21/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/05/2015

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 female, who sustained an industrial injury on September 14, 2010, incurring lower back injuries. She was diagnosed with lumbago, lumbosacral radiculitis and lumbar degenerative disc disease. Treatment included physical therapy, home exercise program, pain medications, sacroiliac injections, and work restrictions. Currently, the injured worker complained of persistent low left sided back pain, tenderness and pain upon range of motion. The treatment plan that was requested for authorization included chiropractic sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & 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 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. Previous treatments include medications, injections, physical therapy, chiropractic, and home exercises. Reviewed of the available medical records showed the claimant had 2 chiropractic in February, and her last chiropractic treatment before this request for treatment is on 04/07/2015. Based on the guidelines cited, the request for additional 3 visits exceeded the guidelines recommendation for flare-up, and periodic maintenance care is not supported by MTUS guidelines. Therefore, it is not medically necessary.