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| Case Number: | CM15-0131722 | | |
| Date Assigned: | 07/17/2015 | Date of Injury: | 04/26/2013 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 07/07/2015 |

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 58 year old female with an industrial injury dated 04/26/2013. The injured worker's diagnoses include lumbosacral joint ligament sprain/strain and thoracic sprain/strain. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar spine, electromyography (EMG)/nerve conduction velocity (NCV), prescribed medications, acupuncture therapy and periodic follow up visits. In a progress note dated 06/05/2015, the injured worker reported back pain rated a 5-8/10 and intermittent pain in bilateral legs. Objective findings revealed mild diffuse tenderness in the thoracic and lumbar spine and a mild to moderate stiff and slowed gait. Treatment plan consisted of pool therapy, medication management and chiropractic treatment. The treating physician prescribed services for chiropractic treatment once per week for 6 weeks to the lumbar spine now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic time per week for 6 weeks to the lumbar spine: Overturned

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 and Manipulation Page(s): 58-59.

Decision rationale: The claimant presented with chronic low back pain. Previous treatments include medications, physical therapy, acupuncture, and home exercises. Reviewed of the available medical records showed no prior chiropractic treatments. Evidences based MTUS guidelines recommend a trial of 6 chiropractic visits over 2 weeks, with evidences of objective functional improvements, totaled up to 18 visits over 6-8 weeks. Current request for 6 visits is within guidelines recommendation; therefore, it is medically necessary.