

Case Number:	CM15-0132387		
Date Assigned:	07/20/2015	Date of Injury:	09/07/2012
Decision Date:	08/25/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/08/2015

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 40-year-old female, who sustained an industrial injury on 9-7-2012. She reported pain in her low back, mid back and left leg. Diagnoses have included lumbago and sacroiliac sprain. Treatment to date has included a home exercise program, transcutaneous electrical nerve stimulation (TENS) unit and medication. According to the progress report dated 5/27/2015, the injured worker complained of a recent increase in her back pain. She rated her pain as six-seven out of ten. Physical exam revealed a mildly antalgic gait favoring the left leg. There was moderate tenderness of the lumbosacral spine and paraspinals with mild, paralumbar muscle tightness. There was point tenderness of the sacroiliac joint and gluteal area. Authorization was requested for twelve chiropractic treatments 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 treatment for the lumbar spine x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant presented with chronic low back pain. Previous treatments include medications, home exercises programs, and TENS unit. Reviews of the available medical records showed no prior chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, the request for 12 visits exceeded the guidelines recommendation. Therefore, without demonstrating evidences of objective functional improvement with the trial visits, the request for 12 visits is not medically necessary.