

Case Number:	CM15-0132712		
Date Assigned:	07/20/2015	Date of Injury:	09/17/2008
Decision Date:	08/17/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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 66 year old male, who sustained an industrial injury on 9/17/2008. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar disc displacement, disorder of the rotator cuff, medial meniscus tear, shoulder sprain/strain, and joint pain in lower leg. Treatments to date include activity modification, medication therapy, and chiropractic therapy. Currently, he complained of low back pain that increases with sitting. He rated pain 6/10 VAS with standing, and 9/10 VAS with sitting. The documentation indicated six chiropractic sessions were completed with good relief of symptoms when under treatment. On 5/12/15 the physical examination documented restricted range of motion with tenderness, muscle spasms and trigger points noted. Trigger point injections were administered on this date for sacroiliac joint inflammation and pain radiating down the right leg. The plan of care included eight additional chiropractic sessions for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic visits for low back Qty 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation 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. The patient has apparently been treated for an initial 6 visits without objective functional improvement being documented from this treatment. The doctor has requested additional 8 chiropractic visits for the low back over an unspecified period of time. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.