

Case Number:	CM15-0134219		
Date Assigned:	07/22/2015	Date of Injury:	07/26/2012
Decision Date:	08/19/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/10/2015

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, Oriental Medicine

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 44 year old female, who sustained an industrial injury on 07-26-2012 secondary to pulling a heavy box and felt a low back pain. On provider visit dated 06-15-2015 the injured worker has reported low back and right hip pain. On examination of the lumbar spine revealed a restricted range of motion, on palpation of paravertebral muscles, spasms and tenderness was noted on the right side. Spinous process tenderness was noted on L5. Lumbar facet loading was negative on both sides. Straight leg raise was positive on the right side. The diagnoses have included lumbar disc displacement, lumbar or lumbosacral disc degenerative and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment to date has included physical therapy and chiropractic therapy. The provider requested 6 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:

6 Chiropractic treatments 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): (s) 58/59.

Decision rationale: The UR determination of 6/6/15 denied the treatment request for 6 Chiropractic visits to the patient's lumbar spine between 7/1 and 8/15/15 citing CA MTIUS Chronic Treatment Guidelines. The patient has completed 6 prior Chiropractic visits prior to the 6/15/15 request for additional care. The reviewed medical records of applied care failed to establish the medical necessity of additional care by documenting clinical evidence of functional improvement following the initial trial of 6 sessions as required by the CA MTUS Chronic Treatment Guidelines. Therefore the request is not medically necessary.