

Case Number:	CM15-0135705		
Date Assigned:	07/23/2015	Date of Injury:	01/10/2013
Decision Date:	08/28/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/14/2015

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:

This 45 year old woman sustained an industrial injury on 1/10/2013. The mechanism of injury is not detailed. Evaluations include an undated lumbar spine MRI. Diagnoses include chronic low back pain. Treatment has included oral medications, physical therapy, chiropractic care, and use of a cane. Physician notes dated 6/11/2015 show complaints of continued low back pain, continued knee issues with the left leg feeling weaker. Recommendations include chiropractic care, Motrin, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic evaluation and treatment for low back x 8 sessions: 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 The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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" Page(s): 58.

Decision rationale: The medical necessity for the requested 8 chiropractic treatments for the cervical spine was not established. The requested 8 treatments exceed medical treatment utilization schedule guidelines. Upon peer review the request was modified to certify 6 treatments consistent with MTUS guidelines. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The recommended 6 treatments were consistent with this guideline. The provider failed to report any clinical findings that would suggest the claimant is an outlier to the medical treatment utilization schedule guidelines. Therefore, the medical necessity for the requested 8 treatments was not established. The request is not medically necessary.