

Case Number:	CM15-0137507		
Date Assigned:	07/27/2015	Date of Injury:	07/02/2010
Decision Date:	09/21/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/15/2015

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 47 year old male who sustained an industrial injury on 7-2-2010. He was injured by lifting a vibrating plate causing pain in the left side of the low back with radiation to the left lower extremity. He continued to have low back pain with radiation to the left lower extremity and has been diagnosed with lumbar disc displacement without myelopathy. Treatment has included medications, physical therapy, and injections. Objective findings noted the injured worker walked with a normal gait and he did not have an assistive device. MRI of the lumbar spine dated 11-12-2010 revealed L4-5 mild broad central disc protrusion creating moderate central spinal canal and bilateral lateral recess stenosis and transitional lumbosacral junction segment, which has been arbitrarily labeled L5. The treatment plan included medications and follow up. The treatment request included 6 chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic manipulation visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation/Manual therapy, Low back Page(s): 58-59.

Decision rationale: The claimant presented with recent increase in his chronic low back pain. Previous treatments include medications, injections, physical therapy, and chiropractic. Reviewed of the available medical records showed prior chiropractic treatments help decreased pain and increased flexibility. Although evidences based MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-ups, the request for 6 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.