

Case Number:	CM15-0139261		
Date Assigned:	07/29/2015	Date of Injury:	09/15/2014
Decision Date:	08/27/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/17/2015

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:

This is a 38 year old male with a September 15, 2014 date of injury. A progress note dated May 20, 2015 documents subjective complaints (had an injection completed to the lower back and now needs post therapeutic treatment and rehab for loss of function, leg strength and sleep), objective findings (pain/swelling at injection site L4-L5, L5-S1; right and left sacroiliac; positive straight leg raise; positive Kemp's; spasms), and current diagnoses (lumbar sprain/strain; lumbar myospasm). Treatments to date have included lumbar epidural steroid injection, medications, and imaging studies. The treating physician documented a plan of care that included 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:

Six chiropractic visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 - 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 58-60.

Decision rationale: The California Chronic Pain Medical Treatment guidelines recommend manipulation for chronic pain if caused by musculoskeletal conditions. The guideline recommends an initial trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits are recommended over 6-8 weeks. The chiropractic provider reported that the patient has shown functional improvement with treatment to date per the progress report dated 5/01/2015. There was no documentation regarding functional improvement from prior chiropractic care to substantiate additional care. Therefore, the provider's request for 6 chiropractic visits to the lumbar spine is not medically necessary at this time.