

Case Number:	CM15-0139600		
Date Assigned:	07/29/2015	Date of Injury:	10/07/1993
Decision Date:	08/27/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/18/2015

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 61 year old male who sustained an industrial injury on 10/07/1993. The injured worker was diagnosed with lumbar intervertebral disc syndrome, sciatica and lumbar sprain/strain. No surgical interventions were documented. Treatments, therapies and medications previously utilized were not documented. According to the primary treating physician's progress report on June 25, 2015, the injured worker continues to experience low back pain occasionally radiating down the right leg below the knee rated at 8 out of 10 on the pain scale. Heat and rest provide some relief. Examination demonstrated tenderness to palpation and spasm of the lumbar spine worse on the right with decreased range of motion and pain in all planes. Bilateral straight leg raise and Patrick-Fabere's were moderately positive with diffuse pain noted. Current medications were not documented. Treatment plan consists of the current request for chiropractic therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve chiropractic treatments for the lumbar spine: Upheld

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

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; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, Effective July 18, 2009; 2009; manual therapy and manipulation Page(s): 58/59.

Decision rationale: The July 15, 2015 UR determination denied the treatment request for an additional 12 sessions of Chiropractic manipulation to the patients' lumbar spine citing CA MTUS Chronic Treatment Guidelines. The reviewed medical records of prior treatment application failed to establish clinical evidence of functional improvement as required by CA MTUS Treatment Guidelines. The records did not establish the medical necessity for continuing manipulation of the lumbar spine, 12 additional sessions or comply with referenced CA MTUS Chronic Treatment Guidelines.