

Case Number:	CM15-0142501		
Date Assigned:	08/03/2015	Date of Injury:	07/10/1989
Decision Date:	09/08/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/22/2015

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 59 year old male who sustained an industrial injury on 7-10-89. Diagnoses are exacerbation of chronic lumbar intervertebral disc syndrome and exacerbation of chronic severe lumbosacral disc condition. In a progress report dated 6-19-15, the treating physician notes subjective complaints of significant left lower back pain extending to the left groin and down the leg. The injured worker also complains of difficulty sleeping due to pain. Faber's test and Yeoman's test is moderately positive on the left. Work status is that he is retired. The requested treatment is chiropractic; 3 visits over 30 days; lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 visits over 30 days, 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 Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The claimant presented with exacerbation of his chronic low back pain. Reviewed of the available medical records showed he has completed 15 chiropractic visits to date, last visit was 06/19/2015. Although evidences based MTUS guidelines might recommend 1-2 visits every 4-6 months, the request for additional 3 visits over the next 30 days exceeded the guidelines recommendations. Therefore, it is not medically necessary.