

Case Number:	CM15-0143836		
Date Assigned:	08/04/2015	Date of Injury:	11/01/2000
Decision Date:	09/08/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/24/2015

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 77 year old female, who sustained an industrial injury on November 1, 2000. The injured worker was diagnosed as having lumbago. Treatment to date has included medication and lab work. A progress note dated June 8, 2015 provides the injured worker complains of back pain rated 5 out of 10 with medication and 7 out of 10 without medication. Physical exam notes cervical tenderness with decreased range of motion (ROM). There is lumbar tenderness to palpation and decreased range of motion (ROM). There is a request for chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 x week x 4 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The claimant presented with chronic low back pain. Previous treatments include medications, physical therapy, and chiropractic. However, total number of visits completed and treatment outcomes are not documented. Current request for 12 visits also exceeded evidences based MTUS guidelines recommendation for flare-up. Therefore, based on the guidelines cited, the request for 12 chiropractic treatment for this claimant lumbar spine is not medically necessary.