

Case Number:	CM15-0148089		
Date Assigned:	08/11/2015	Date of Injury:	06/16/1969
Decision Date:	09/08/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/30/2015

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, Minnesota
 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 68 year old male, who sustained an industrial injury on 6-16-1969. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical, thoracic and lumbar facet syndrome, chronic spondylopathy, spinal spondylosis and intersegmental subluxation of the cervical, thoracic, lumbar and sacral vertebrae. There is no record of a recent diagnostic study. Treatment to date has included lumbar radiofrequency ablation, therapy and medication management. In a progress note dated 7-7-2015, the injured worker complains of low back pain with sciatica that radiates to the left lower extremity. Physical examination showed decreased lumbar and cervical range of motion and cervical and lumbar stiffness. The treating physician is requesting 6 sessions of chiropractic care to the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to the spine, 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested chiropractic treatment to the spine for 6 visits over an unspecified period of time. The request of 6 visits is within the above guidelines and therefore the treatment IS medically necessary and appropriate. In order to receive further treatment the doctor must document objective functional improvement from this approved care.