

Case Number:	CM15-0149731		
Date Assigned:	08/12/2015	Date of Injury:	09/07/2011
Decision Date:	09/21/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/03/2015

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 52-year-old female who sustained an industrial injury on September 07, 2011. A recent primary treating office visit dated June 29, 2015 reported subjective complaint of low back pain radiating to bilateral lower extremities, to the feet; right side greater; also with gastric upset from medications. The plan of care noted obtaining a magnetic resonance imaging study of lumbar spine. There is recommendation for a course of chiropractic care and to administer a lumbar epidural steroid injection. The Norco noted discontinued secondary to gastric upset: dispensed: Tramadol ER, and Voltaren XR. She is to return in 2 months for follow up. At a primary visit, dated May 06, 2015 there was subjective complaint of constant right shoulder pain, popping left knee, and pain with swelling of the right knee. She has persistent low back pains. The plan of care noted obtaining a magnetic resonance imaging study of lumbar spine to rule out a herniated nucleus pulposus and continue medications. On April 15, 2015, the plan of care noted being discharged from care, no additional chiropractic treatment is recommended, as there was no benefit from treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 3 times a week for 4 weeks lumbar spine: Upheld

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

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

Decision rationale: The medical necessity for the requested 12 chiropractic treatments per the 6/29/2015 progress report was not established. On 3/4/2015, the claimant was authorized 8 sessions of chiropractic treatment. He 6/29/2015 progress report does not indicate the claimant's response to the initial course of care. The report does indicate, "Request chiropractic therapy 3X4 (not done previously)." The 5/16/2015 progress report indicated that the claimant "completed chiro, no significant benefit." There is no evidence of any subjective, objective, or functional improvement as a result of the initial 8 treatments. Therefore, the medical necessity for the requested 12 additional chiropractic treatments was not established.