

Case Number:	CM15-0160393		
Date Assigned:	08/26/2015	Date of Injury:	04/04/2007
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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 56 year old male who sustained an industrial injury on 4-4-07. Progress report dated 6-10-15 reports continued complaints of intermittent low back pain. Upon exam, he has difficulty walking, positioning on and off the exam table and has limited range of motion due to pain. Diagnoses include: L4-S1 degenerative disc disease, L4-S1 facet arthropathy and disc bulge with moderate bilateral foraminal stenosis and L4-5 grade I spondylolisthesis. Plan of care includes: urine drug screen ordered, referral sent for chiropractic treatment 2 times per week for 4 weeks for lower spine to help decrease pain and improve activity tolerance and prescribed; Ultram 50 mg, lyrica 100 mg and norco 10-325 mg. Work status: permanent and stationary. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk x 4Wks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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

Decision rationale: The claimant presented with chronic low back pain. Previous treatments include medication, surgery, chiropractic, and physical therapy. Reviewed of the available medical records showed previous chiropractic treatment in 2008, however, total number of visits and treatments outcomes are not documented. The request for 8 visits also exceeded the guidelines recommendations for flare-ups. Therefore, it is not medically necessary.