

Case Number:	CM15-0162683		
Date Assigned:	08/31/2015	Date of Injury:	07/21/1989
Decision Date:	10/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/19/2015

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 58 year old female who sustained an industrial injury on 7-21-1989. She has reported lower back pain that radiates down the leg and has been diagnosed with sciatica, lumbar radiculitis, lumbar segmental dysfunction, cervical segmental dysfunction, and thoracic segmental dysfunction. Treatment has included chiropractic care. Objective findings note positive palpatory, orthopedic and neurological test for a musculoskeletal neurological condition. The treatment plan included chiropractic manipulation. The treatment request included 24 chiropractic manipulation sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation (Sessions) Qty 24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation 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 guidelines do not recommend maintenance care. The doctor is requesting chiropractic manipulation of 24 sessions or 2 times per month for 12 months. This request is for maintenance care which is not recommended by the above guidelines and therefore the treatment is not medically necessary and appropriate.