

Case Number:	CM15-0167417		
Date Assigned:	09/08/2015	Date of Injury:	01/06/2014
Decision Date:	10/07/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/25/2015

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 53 year old female, who sustained an industrial injury on January 6, 2014. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included MRI, medication and chiropractic care. Currently, the injured worker complains of severe neck pain that radiates to both of her upper extremities with numbness and tingling. She also reports severe low back pain that radiates to the right leg. The injured worker is currently diagnosed with lumbar herniated disc. Her work status is total temporary disability. A note dated March 24, 2015 states the injured worker experienced temporary neck and back pain relief from chiropractic care. A progress note dated June 16, 2015 states the injured worker is experiencing increased difficulty engaging in activities of daily living and increased oral pain medication due to pain. Chiropractic services with modalities and exercises for the lumbar spine (two times a week for six weeks) are requested to decrease pain and improve function and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services with modalities and exercises for the lumbar spine 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 has requested Chiropractic services 2 times per week for 6 weeks or 12 visits with modalities and exercises for the lumbar spine. The request for treatment (12 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate.