

Case Number:	CM15-0168190		
Date Assigned:	09/14/2015	Date of Injury:	06/10/2010
Decision Date:	10/19/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/26/2015

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:

This is a 56 year old female with a date of injury on 6-10-2010. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral sprain-strain and lumbar disc with radiculopathy. Medical records (4-6-2015 to 7-22-2015) indicate ongoing low back pain radiating down both thighs to the mid-calf level bilaterally with pain and paresthesias. She reported only being able to walk for approximately 30 minutes before her low back pain becomes unbearable. The physical exam (4-6-2015 to 7-22-2015) reveals tenderness to palpation of the lumbar paraspinals. Lumbar range of motion was limited to 60 percent in flexion and 50 percent in extension. Kemp's test was positive bilaterally for low back pain. Straight leg raise testing was positive bilaterally. Treatment has included pain medications and chiropractic. The original Utilization Review (UR) (8-3-2015) denied a request for two chiropractic sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) chiropractic sessions for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic lower back pain. Previous treatments include medications and chiropractic. Reviewed of the available medical records showed the claimant has had 2 chiropractic visits every month since February 2015. Although MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, total up to 18 visits over 6-8 weeks if there are evidences of objective functional improvement, ongoing maintenance care is not recommended. In this case, it is unclear how many visits the claimant has had, however, 2 chiropractic visits every month appear to be maintenance care. Therefore, the request for additional 2 chiropractic visits is not medically necessary.