

Case Number:	CM15-0168494		
Date Assigned:	09/09/2015	Date of Injury:	07/10/2013
Decision Date:	10/14/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/27/2015

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 41 year old male, who sustained an industrial injury on 7-10-2013. Diagnoses include chronic low back pain with L5-S1 spondylolisthesis and spondylosis based on x-rays dated 7-09-2014, with magnetic resonance imaging (MRI) findings of 4mm bulge at L4-5 and 5mm at L2-3. Treatment to date for the lumbar spine has included conservative measures including diagnostics, medication and activity modification. Current medications include Flexeril, ibuprofen and Vicodin. Per the Primary Treating Physician's Progress Report dated 6-17-2015, the injured worker reported right shoulder pain with radiation to the neck, elbow, back and lower back. Objective findings of the lumbar spine included tenderness directly at L4-5 and L5-S1 midline. The plan of care included chiropractic care for the low back. On 7-23-2015, Utilization Review denied the request for chiropractic therapy (2x4) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week for 4 weeks for lumbar pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant presented with chronic low back pain. There is no history of treatment for the low back with the available medical records. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for chronic low back pain, total up to 18 visits over 6-8 weeks if there are evidences of objective functional improvement, the request for 8 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.