

Case Number:	CM15-0188300		
Date Assigned:	09/30/2015	Date of Injury:	03/23/2015
Decision Date:	11/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/24/2015

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 47 year old male, who sustained an industrial injury on 3-23-15. The injured worker is undergoing treatment for: lumbar herniated disc, thoracic discogenic disease, lumbosacral discogenic disease, lumbar radiculopathy, thoracic spine sprain and strain, and lumbosacral spine sprain and strain. On 8-5-15, he reported right arm pain rated 3 out of 10, right leg pain rated 2 out of 10, upper back pain rated 3 out of 10, mid back pain rated 3 out of 10, low back pain rated 3 out of 10, and right ankle rated 3 out of 10. Objective findings revealed "spinal biomechanical joint dysfunction was found over L5, right Si, T6, T3, T1, C1, and C5". The provider noted that he "is responding well to conservative chiropractic therapy". On 8-17-15, he is noted to have been approved for chiropractic treatment. Physical finding revealed no tenderness and full range of motion in the neck, no tenderness in the thoracic spine, and tenderness, guarded and decreased range of motion in the lumbar spine. On 8-19-15 and 8-26-15, there are no significant changes noted when compared to the 8-5-15 visit. The treatment and diagnostic testing to date has included: multiple chiropractic visits, medications. Current work status: off work until 10-27-15. The request for authorization is for: chiropractic treatment of the lumbar spine 2 times a week for 4 weeks. The UR dated 8-20-2015: non-certified the request for chiropractic treatment of the lumbar spine 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment, Lumbar Spine, 2 Times a Week for 4 Weeks: 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. Previous treatments include medications, chiropractic, and home exercises. According to the available medical records, the claimant has seek chiropractic treatments on his own, total number of visits to date is unknown. In addition, he recently has 8 chiropractic visits authorized. Reviewed of the chiropractic treatment records showed no change in subjective and objective finding, and the claimant remained off-work duties. Based on the guidelines cited, the request for additional 8 chiropractic treatments is not medically necessary due to lack of functional improvement with prior treatments.