

Case Number:	CM15-0193046		
Date Assigned:	10/07/2015	Date of Injury:	05/29/2015
Decision Date:	11/20/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	10/01/2015

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 41-year-old male with a date of injury on 5-29-15. A review of the medical records indicates that the injured worker is undergoing treatment for back pain. Progress report dated 8-6-15 reports continued complaints of pain related to diagnosis of chronic degenerative joint disease of the lumbosacral spine with obesity. He went back to work full duty and reports increased to original pain and he is out of pain medications. He states that chiropractic therapy helped in the past. The pain is described as dull, moderate to severe, intermittent and rated 5 out of 10. Objective findings: back range of motion is restricted. Request for authorization was made for chiropractic 3 times per week for 2 weeks for lumbar spine. Utilization review dated 8-26-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 times a week for 2 weeks for the lumbar spine: Upheld

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

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

Decision rationale: The claimant presented with recent flare-up of low back pain. Previous treatments include medications and chiropractic. The claimant had returned to work full duty. Current progress reports document normal examination except for some palpable tenderness, there is no functional deficit and the claimant continue to work full duty. The request for 6 chiropractic visits also exceeded MTUS guidelines recommendation for flare-ups. Therefore, it is not medically necessary.