

Case Number:	CM15-0193979		
Date Assigned:	10/07/2015	Date of Injury:	09/12/2014
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/02/2015

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: Chiropractic

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 27 year old female, who sustained an industrial injury on 9-12-2014. Medical records indicate the worker is undergoing treatment for low back pain. A recent progress report dated 8-25-2015, reported the injured worker complained of mid-low back pain. Physical examination revealed lumbar flexion of 90 degrees, extension of 20 degrees and right and left side bending of 20 degrees. Treatment to date has included unknown number of chiropractic visits and medication management. On 8-31-2015, the Request for Authorization requested 8 initial visits of chiropractic care for the lumbar spine. On 9-14-2015, the Utilization Review modified the request for 8 visits for chiropractic care for the lumbar spine to 6 trial visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy Two times a week for four weeks, Lumbar Spine, QTY: 8: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

Decision rationale: The patient has not received chiropractic care for her lumbar spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks. The UR department has reviewed the request and approved 6 initial sessions. The MTUS Guidelines recommend an initial trial of 6 sessions with additional visits with evidence of objective functional improvement. I find that the 8 initial chiropractic sessions requested to the lumbar spine to not be medically necessary.