

Case Number:	CM15-0197584		
Date Assigned:	10/13/2015	Date of Injury:	06/05/2013
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/07/2015

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, Oriental Medicine

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 28 year old male injured worker suffered an industrial injury on 6-5-2013. The diagnoses included lumbar spine sprain-strain. On 8-21-2015 the treating provider reported the injured worker had a functional change since last exam (3-18-2015) that was worse with increased low back pain rated 6 out of 10. On exam the injured worker appeared to be in moderate distress with difficulty rising from sitting with an altered gait and moved about gingerly. There was radicular pain, numbness and tingling with weakness. The prior chiropractic therapy was helpful. Request for Authorization date was 8-26-2015. The Utilization Review on 9-8-2015 determined non-certification for Chiropractic treatment for the lumbar spine, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lumbar spine, 6 sessions: 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 patient complained of increased low back pain. There was radicular pain, numbness and tingling with weakness. The patient completed 6 chiropractic sessions. According to the 3/18/2015, the records indicate that the previous chiropractic sessions were helpful with pain and mobility. However, there was no documentation of functional improvement from prior chiropractic session. Therefore, the provider's request for 6 additional chiropractic sessions is not medically necessary at this time.