

Case Number:	CM15-0198950		
Date Assigned:	10/14/2015	Date of Injury:	06/12/1995
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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 44-year-old male, who sustained an industrial injury on 6-12-95. The injured worker was diagnosed as having musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc protrusion at L4-S1, disc bulge at L2-S1, and disc or osteophyte complex at L5-S1. Treatment to date has included an unknown number of chiropractic treatments and medication including Ibuprofen and Omeprazole. Physical examination findings on 9-2-15 included left sciatic notch tenderness. On 7-30-15 the treating physician noted the injured worker "was referred for chiropractic treatment which started on Monday June 22, 2015. He believes he is scheduled to undergo about 16 sessions, twice per week through August 2015." On 9-2-15, the injured worker complained of low back pain with numbness down the left leg and tingling on the foot. On 9-9-15 the treating physician requested authorization for chiropractic treatment for the lumbar spine x12. On 9-11-15, the request was non-certified.

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, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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 and chiropractic. According to the available medical records, the claimant has had an unknown number of chiropractic treatments before, and he recently completed 16 visits. However, there is no evidence of objective functional improvements, the request for additional 12 sessions also exceeded total number of visits recommended by MTUS guidelines. Therefore, it is not medically necessary.