

Case Number:	CM15-0199690		
Date Assigned:	10/14/2015	Date of Injury:	10/18/2007
Decision Date:	11/23/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/12/2015

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, Minnesota
 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 27 year old male, who sustained an industrial injury on 10-18-2007. The injured worker is being treated for status-post surgery (10-10-2012), rule out intradiscal component and rule out lumbar radiculopathy. Treatment to date has included work restrictions, surgical intervention (microdiscectomy L5-S1), diagnostics, medications, physical therapy and lumbar epidural injections. Per the Primary Treating Physician's Progress Report dated 8-27-2015, the injured worker reported 8 out of 10 low back pain with right greater than left lower extremity symptoms. Objective findings included tenderness of the lumboparaspinal musculature with spasm, right greater than left. Work status was full duty. The plan of care included, and authorization was requested on 9-28-2015 for 9 (3x3) sessions of chiropractic therapy for the lumbar spine, TENS supplies, Tramadol, Cyclobenzaprine and pantoprazole. On 10-01-2015 Utilization Review modified the request for 9 (3x3) sessions of chiropractic therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 sessions of chiropractic therapy, 3 times per week for 3 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: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested 9 sessions of chiropractic therapy 3 times per week for 3 weeks for the lumbar spine. The request for treatment (9 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate. The UR doctor modified the treatment to 6 visits according to the guidelines. The doctor must document objective functional improvement from the 6 UR approved visits in order to receive more treatment for the patient.