

Case Number:	CM15-0208471		
Date Assigned:	10/27/2015	Date of Injury:	09/02/2014
Decision Date:	12/14/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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(n) 28 year old male, who sustained an industrial injury on 9/02/2014. The injured worker was diagnosed as having lumbar neuritis or radiculitis and lumbosacral sprain. Subjective findings (4-28-15, 5-21-15) indicated worsening lower back pain. The injured worker rated his low back pain 6 out of 10. He also reported pain at the site of hernia surgery. Objective findings (4-28-15, 5-21-15) revealed moderate tenderness to palpation in the lumbar spine. The abdominal exam showed no tenderness to palpation and positive bowel sounds. As of the PR2 dated 9-14-15, the injured worker reports pain in the low back, left testicle -groin and abdomen. Objective findings include painful lumbar-thoracic range of motion and a positive straight leg raise test. Treatment to date has included a hernia repair in 11-2014, a lumbar MRI and Norco. The Utilization Review dated 10-12-15, modified the request for initial chiropractic manipulation to treat abdominal pain, lumbar spine, thoracolumbar spine and cervical spine medically 3X3 to chiropractic manipulation to 6 visits on a trial basis in treatment to the spine only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Chiropractic Manipulation to treat Abdominal Pain ,Lumbar Spine, Thoracolumbar Spine and Cervical Spine Medically 3X3: 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 chronic neck and back pain. Previous treatments include medications and physical therapy. Reviewed of the available medical records showed no history of chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, total up to 18 visits over 6-8 weeks if there are evidences of objective functional improvement, the request for 9 visits exceeded guidelines recommendations. Therefore, it is not medically necessary.