MAXIMUS Federal Services

Case Number:	CM15-0209930		
Date Assigned:	10/28/2015	Date of Injury:	04/29/2013
Decision Date:	12/16/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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:

This 42 year old man sustained an industrial injury on 4-29-2013. Diagnoses include lumbar spine degenerative disc disease, lumbar spine arthropathy, and mechanical low back pain. Treatment has included oral medications. Physician notes on a PR-2 dated 9-2-2015 show complaints of low back pain with stiffness and some radicular complaints. The physical examination shows diffuse muscle tenderness throughout the lumbar spine with moderate tenderness at the spinous process of L3 and the interspinous processes of L3 to L5. Kemp's sign is positive, straight leg raise is negative, and there are no motor deficits noted. Recommendations include chiropractic care and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional sessions of chiropractic therapy 2 times a week for 3 weeks to 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: The claimant presented with chronic low back pain. Previous treatments include medications, physical therapy, and chiropractic. According to the available medical records, the claimant recently had been authorized for 6 chiropractic visits. However, treatments records are not available and treatments outcomes are not documented. Based on the guidelines cited, the request for additional 6 visits is not medically necessary due to no evidences of objective functional improvement with prior chiropractic treatments.