

Case Number:	CM15-0020717		
Date Assigned:	02/10/2015	Date of Injury:	03/26/2014
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/04/2015

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:

This 36 year old male sustained a work related injury on 03/26/2014. According to a progress report dated 12/22/2014, the injured worker complained of low back pain and discomfort with right lower extremity numbness and tingling. Diagnoses included lumbosacral signs and symptoms with right lower extremity radiculitis rule out nerve root impingement. The injured worker was temporarily totally disabled. Review of systems noted muscle spasm, sore muscles and gait abnormality. Treatment plan included chiropractic care. On 01/16/2015, Utilization Review modified chiropractic treatment 3 x 4 weeks for low back. According to the Utilization Review physician, a trial of chiropractic care is warranted and was consistent with guidelines recommendations. With further treatment dependent on functional improvement, medical necessity was established for 6 chiropractic visits or treatments for the low back. Guidelines cited for this review included CA MTUS ACOEM Practice Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 times 4 weeks for low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

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 is requesting chiropractic treatment 3 times per week for 4 weeks or 12 visits. This request does not follow the above guidelines and therefore the treatment is not medically necessary. After the initial 6 treatments the doctor will need to document objective functional improvement in order to receive more treatment for the patient.