

Case Number:	CM15-0024028		
Date Assigned:	02/13/2015	Date of Injury:	03/01/2011
Decision Date:	05/05/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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 50 year old female injured worker suffered and industrial injury on 3/1/2011. The diagnoses were lumbar radiculopathy with lumbar bulging disc. The diagnostic studies were lumbar sacral magnetic resonance imaging and x-rays, electromyography/nerve conduction velocity. The treatments were physical therapy, acupuncture and medications. The treating provider reported ongoing low back pain that radiates down both legs rated 9/10 with numbness and tingling. The Utilization Review Determination on 1/16/2015 non-certified Chiropractic 2xWk x 6Wks Lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xWk x 6Wks Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain treatment guidelines which give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks" Page(s): 58.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. A clinical trial of 6 chiropractic treatments can be considered appropriate. The claimant has undergone a course of physical therapy that failed to resolve her complaints. A clinical trial of 6 chiropractic treatments would be appropriate. However, since the request was for 12 treatments, and this request exceeds medical treatment utilization schedule guidelines, the request is not medically necessary.