

Case Number:	CM15-0025617		
Date Assigned:	02/18/2015	Date of Injury:	04/15/2011
Decision Date:	04/15/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/10/2015

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 39-year-old male, who sustained an industrial injury on April 15, 2011. His diagnoses include discogenic lumbar condition with facet inflammation with radiculitis. He has been treated with MRI, core-strengthening exercises, walking, ice/heat, home exercise program, muscle relaxant and non-steroidal anti-inflammatory medications, and transcutaneous electrical nerve stimulation (TENS). The records refer to a prior course of chiropractic therapy, but do not provide specific dates or results. On December 19, 2014, his treating physician reports occasional twinges of pain of the thoracic and lumbar spine. He takes a non-steroidal anti-inflammatory medication as needed only. The physical exam revealed mild tenderness along the bilateral paraspinal muscles. The neurological exam was intact. The treatment plan includes 12 sessions (3 times a week for 4 weeks) chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic care 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

Decision rationale: The claimant presented with occasional "twinges of pain" in his back. Current progress report dated 12/19/2014 noted mild tenderness along the paraspinal muscles bilaterally; there is no other objective exam finding. There is no medications provided, the claimant takes Motrin as needed. The claimant continued to work full duty, and there is no functional deficit reported. The claimant has completed 12 chiropractic visits to date. Based on the guidelines cited, there is no objective functional deficit and the additional 12 visits requested exceeded the guidelines recommendation. Therefore, it is not medically necessary.