

Case Number:	CM15-0026155		
Date Assigned:	02/18/2015	Date of Injury:	09/21/2007
Decision Date:	03/27/2015	UR Denial Date:	02/10/2015
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, Oriental Medicine

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 65 year old female, who sustained an industrial injury on 9/21/2007. On 2/10/15, the injured worker submitted an application for IMR for review of Chiropractic care 2x3 qty: 6.00. The treating provider has reported the injured worker complained of low back pain; the pain comes and goes. The diagnoses have included chronic pain syndrome, lumbar sprain/strain. Treatment to date has included chiropractic care, physical therapy, x-rays (5/14/04) and medication. On 2/10/15 Utilization Review non-certified Chiropractic care 2x3 qty: 6.00. The ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 2x3 qty: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Manipulation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2015: Official Disability Guidelines (20th annual edition) & ODG Treatment in Workers' Comp (13th annual edition)

Decision rationale: The request for additional Chiropractic care per PR-2 dated 12/16/14 reported the patient with a chronic pain history virtually unchanged over several years. The provider did cite subjective improvement with prior Chiropractic application without evidence that subjective benefit lead to any functional gains in ADL, modification in medical manage or improved return to work status. The UR determination to deny was appropriate and supported by referenced ODG Treatment Guidelines. The care provided in the absence of functional improvement was deemed as maintenance care and not supported by ODG Guidelines.