

Case Number:	CM15-0212345		
Date Assigned:	11/02/2015	Date of Injury:	09/26/2013
Decision Date:	12/18/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/28/2015

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 47 year old female who sustained an industrial injury on 9-26-2013. A review of medical records indicates the injured worker is being treated for lumbar sprain strain, lumbar region, and lumbar myospasm. Medical records dated 9-21-2015 noted the injured worker showed functional improvement with treatment including less pain, increased strength, and increased sleep. Physical examination noted +DRE, + range of motion losses, and he had increased lifting capabilities, and work losses. Treatment has included conservative measures. Utilization review form dated 10-9-2015 modified chiropractic care to the lumbar spine x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care to the Lumbar Spine 6 Sessions: 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 increased in chronic low back pain. According to the available medical records, the claimant has had periodic chiropractic treatments for flare-ups with functional improvement. The claimant has completed 12 visits in March and April of 2015, with an additional 6 visits in June, and another 6 visits in July 2015. Although MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-ups, the claimant has exceeded recommended treatment visits by the guidelines. Therefore, the request for additional 6 visits is not medically necessary.