MAXIMUS Federal Services

Case Number:	CM15-0032453		
Date Assigned:	02/25/2015	Date of Injury:	01/14/2004
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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: Chiropractic

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 44 year old male, who sustained an industrial injury on 1/14/2004. On 2/20/15, the injured worker submitted an application for IMR for review of 12 Sessions of Chiropractic Manipulation. The treating provider has reported the injured worker complained of low back pain with leg pain and cramps with numbness and tingling in the legs to feet. The diagnoses have included lumbar radiculopathy/radiculitis, chronic lumbar pain, and lumbar disc disease. Treatment to date has included physical therapy, lumbar epidural steroid injection, left L5 transforaminal nerve block and epidurogram (10/9/07); bilateral epidurogram L4, L5, with transforaminal epidural steroid injection (9/17/14). On 1/23/15 Utilization Review non-certified 12 Sessions of Chiropractic Manipulation. The MTUS and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Chiropractic Manipulation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288-9, 299-300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section.

Decision rationale: There is no mention of prior chiropractic care for this patient however. By the records reviewed, chiropractic care has not been provided for this patient in the past. The ODG Low back Chapter recommends a trial of 6 sessions of manipulation to be rendered over 2 weeks with a total of 18 visits with evidence of objective functional improvement. The MTUS Chronic Pain Medical Treatment Guidelines recommends an initial trial of chiropractic care. Given that in the entire course of the patient's treatment history chiropractic care has never been rendered, I find that the 12 chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.