

Case Number:	CM15-0033573		
Date Assigned:	02/27/2015	Date of Injury:	08/23/2013
Decision Date:	08/03/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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 42-year-old female, who sustained an industrial injury on August 23, 2013. Treatment to date has included medications, chiropractic care, home exercise program and electrical stimulation. An evaluation on January 6, 2015 revealed the injured worker reported moderate low back pain with intermittent radiation of pain to the lower extremity. She reports that her medical treatment has reduced her pain level and frequency of radicular symptoms. She reports greater flexibility and strength from her home exercise program. On physical examination, the injured worker has a reduced lumbar range of motion and reports moderate pain with range of motion. She has tenderness to palpation over the lumbar spine and motion palpable fixation. The diagnoses associated with the request include facet syndrome, lumbar segmental dysfunction of the somatic dysfunction and lumbosacral neuritis/radiculitis. The treatment plan includes modified work and six visits of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor treatment Lumbar Spine Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS chronic pain treatment guidelines, page 58, and gives 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 6 additional 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 claimant received 20 treatments under this guideline. The requested 6 additional treatments exceeds this guideline. A transition to a more active exercise program would be appropriate. Therefore, the medical necessity for the requested 6 additional treatments was not medically necessary.