

Case Number:	CM15-0037103		
Date Assigned:	03/05/2015	Date of Injury:	11/29/2007
Decision Date:	11/30/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/27/2015

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, Minnesota

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 49 year old male who sustained an industrial injury on 11-29-07. The medical records indicate that the injured worker had a lumbar decompression L5-S1 (7-2007); low back pain with lower extremity symptoms. He currently (1-15-15) complains of low back pain with lower extremity symptoms and a pain level of 7 out of 10. On physical exam of the lumbar spine there was decreased range of motion, diminished sensation L5 and S1 dermatomal distribution; difficulty arising from a seated position. Treatments to date include LSO back brace; transcutaneous electrical nerve stimulator unit; medications: hydrocodone, naproxen, pantoprazole; acupuncture treatments. The request for authorization was not present. Prior chiropractic sessions were not indicated. On 2-24-15 Utilization Review non-certified the request for 12 chiropractic sessions 3 times per week for 4 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Treatments 3 x 4 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested 12 chiropractic treatments, 3 times per week for 4 weeks to the lumbar spine. The request for treatment (12 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate.