

Case Number:	CM15-0047818		
Date Assigned:	03/20/2015	Date of Injury:	10/04/2014
Decision Date:	07/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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 50 year old female, who sustained an industrial/work injury on 10/4/14. She reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar musculoligamentous injury, rule out disk derangement and left lumbar radicular syndrome. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of low back pain and difficulty walking/bending with pain down the left leg with weakness and numbness. Pain is rated 6-7/10. Per the primary physician's progress report (PR-2) on 2/6/15, examination revealed positive orthopedic testing, with muscle guarding and range of motion restriction. Gait was normal. There are spasms, on the left side of the lumbosacral junction and at the sciatic notch. The requested treatments include chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment x over 24 visits (start date 10/13/2014): 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) TWC: Low Back Procedures Summary, Chiropractic Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG_TWC Lry: ODG Chiropractic Guidelines; Lower Back Procedure Summa; updated 1/30/15.

Decision rationale: The UR determination of 2/18/15 denied the treatment request for Chiropractic care x24 sessions citing ODG Treatment Guidelines. The reviewed medical records failed to document the medical necessity for care in excess of the ODG Lower Back treatment guideline recommendation for an initial trial of care, 6 sessions. A review of submitted records did not support the medical necessity for x24 sessions of Chiropractic manipulation of satisfy the criteria for additional care per ODG Treatment Guidelines.