

Case Number:	CM15-0048709		
Date Assigned:	03/20/2015	Date of Injury:	12/31/2013
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female who sustained an industrial injury on 12/31/2013. Her diagnoses, and/or impressions, include: back pain; annular tear of lumbar disc; bulging lumbar disc; head injury; and radiculopathy of leg. No current magnetic resonance imaging studies are noted. Her treatments have included physical therapy with additional physical therapy treatments; a second opinion from a back specialist; and medication management. The history notes complaints of back pain; however, no medical records provided note the physician's requests for treatments include additional chiropractic treatments for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic visits two times four for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Page(s): 58.

Decision rationale: The claimant sustained a work-related injury in December 2013 and continues to be treated for low back pain. Although chiropractic care is recommended as an

option in the treatment of chronic pain, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and there was no documentation provided in term of the response to any prior chiropractic treatments. Therefore, the request is not medically necessary.