

Case Number:	CM15-0055121		
Date Assigned:	03/30/2015	Date of Injury:	06/20/2002
Decision Date:	05/06/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/23/2015

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 36-year-old male, who sustained an industrial injury on 06/20/2002 injuring his back when lifting heavy equipment. On provider visit dated 03/05/2015 the injured worker has reported decreased pain in back and feels back is getting stronger. On examination of lumbar spine, he was noted to have positive mild muscle spasm and tenderness to palpation of bilateral paraspinals. The diagnoses have included residual chronic myofascial low back pain and chronic lumbar strain, disc protrusion Lumbar 5-S1 and lumbar radiculitis. Treatment to date has included an unclear number of chiropractic therapy sessions completed, physical therapy and medication. There was no evidence of measurable functional improvement submitted for this medical review. The provider requested addition chiropractic therapy for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment (8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

Decision rationale: The claimant presented with ongoing low back pain despite previous treatment with medications, physical therapy, and chiropractic. Reviewed of the available medical records showed the claimant has started chiropractic treatments in May 2014, however, total number of visits and treatment outcomes are not reported. The claimant has had five additional chiropractic treatment from 09/29/2014 to 11/21/2014, and 5 additional visits from 1/27/2015 to 02/18/2015. While there is no document of recent flare-up, ongoing maintenance care is not recommended by MTUS guidelines. Therefore, the request for eight additional chiropractic treatments is not medically necessary.