

Case Number:	CM15-0061696		
Date Assigned:	04/07/2015	Date of Injury:	06/09/1990
Decision Date:	05/07/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/01/2015

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 53 year old female, who sustained an industrial injury on 6/9/90. The injured worker was diagnosed as having lumbar sprain/strain, lumbar intervertebral disc syndrome, lumbosacral neuritis/radiculitis, sacral subluxation, and thoracic subluxation. Treatment to date has included home therapy, pilates, and ice/heat application. Currently, the injured worker complains of low back pain with stiffness and cramping extending to the hips and pelvis. The treating physician requested authorization for 8 chiropractic adjustments. The treating physician noted treatment goals of chiropractic care were to reduce pain, reduce paresthesia, and to increase spinal range of motion in order for the injured worker to return to a pre-exacerbation status.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Adjustments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

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 is requesting 8 Chiropractic visits over an unspecified period of time. The request is not according to the above guidelines and therefore the treatment is not medically necessary. Also the doctor needs to document objective functional improvement from previous chiropractic care.