

Case Number:	CM15-0062283		
Date Assigned:	04/08/2015	Date of Injury:	11/02/2010
Decision Date:	05/07/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/02/2015

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: Emergency 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 35-year-old female who sustained an industrial injury on 11/2/10. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having lumbar sprain/strain, lumbar discogenic syndrome, sacroiliac ligament sprain/strain, piriformis syndrome and left sided lumbar radiculopathy. Treatments to date have included transcutaneous electrical nerve stimulation unit, hip and oral analgesics. Currently, the injured worker complains of lower back pain with radiation to the lower extremities. The plan of care was for chiropractic treatments and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 6-8 Visits, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The requested Chiropractic Treatment 6-8 Visits, Lumbar Spine, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has lower back pain with radiation to the lower extremities. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, Chiropractic Treatment 6-8 Visits, Lumbar Spine is not medically necessary.