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| Case Number: | CM15-0082065 | | |
| Date Assigned: | 05/04/2015 | Date of Injury: | 08/07/2014 |
| Decision Date: | 06/10/2015 | UR Denial Date: | 04/16/2015 |
| Priority: | Standard | Application Received: | 04/29/2015 |

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 51-year-old female, who sustained an industrial injury on 8/07/2014. Diagnoses include left sciatica. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) of the hip, medications, heat application and chiropractic care. Per the hand written Primary Treating Physician's Progress Report dated 4/02/2015, the injured worker reported left lower back pain with radiation to the left calf. Physical examination revealed positive straight leg raise on the left. There was left L5-S1 tenderness. The plan of care included, and authorization was requested for a lumbar spine magnetic resonance imaging (MRI) and chiropractic treatment for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 8: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The claimant presented with chronic low back pain despite previous treatments with medication, bracings, physical therapy, chiropractic, and home exercise programs. Reviewed of the available medical records showed the claimant has completed 12 chiropractic treatments with only temporary relief, there are no evidences of objective functional improvements documented. Based on the guidelines cited, the request for additional 8 chiropractic treatment visits is not medically necessary.