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| Case Number: | CM15-0082620 | | |
| Date Assigned: | 05/05/2015 | Date of Injury: | 06/06/2012 |
| Decision Date: | 06/09/2015 | UR Denial Date: | 04/29/2015 |
| 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, Oriental 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 59 year old female, who sustained an industrial injury on 6/6/2012. Diagnoses have included lumbar spine disc desiccation, lumbar spine annular fissure, lumbar spine disc herniation, lumbar spine foraminal stenosis, lumbar spinal canal stenosis and status post lumbar spine fusion revision on January 15, 2015. Treatment to date has included lumbar spine surgery and physical therapy. According to the progress report dated 4/20/2015, the injured worker complained of low back pain rated 4/10. She reported that the pain decreased with aqua therapy and physical therapy. Physical exam revealed a well-healed midline surgical scar of the lumbar spine. She had no tenderness to palpation or spasms. Authorization was requested for extension of chiropractic/physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension chiropractic therapy/physiotherapy - 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The California Pain Medical Treatment guidelines recommend chiropractic manipulation as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. The patient has low back pain. The provider has submitted a request for extension of chiropractic therapy/physiotherapy at this time. Additional chiropractic visits beyond the 6 initial visits are recommended if there is evidence of objective functional improvement. There was no documentation of the outcome of chiropractic visits in the past; therefore, the provider's request for extension of 12 chiropractic therapy/physiotherapy is not medically necessary.