

Case Number:	CM15-0084546		
Date Assigned:	05/06/2015	Date of Injury:	11/26/2014
Decision Date:	06/15/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/04/2015

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 male who sustained an industrial injury on 11/26/14 when she picked up a heavy box and experienced severe pain in the low back. She was treated with Vicodin and physical therapy. She is currently experiencing back pain with decreased range of motion. She has numbness and tingling into the anterior, lateral thighs and calves with weakness and radiation down her right leg. She fell at home because of the pain and bruised her knee. Her pain level is 8-9/10. Her diagnosis is lower back pain; lumbar radiculitis/ neuritis; thoracic strain; muscle spasms. Treatments to date include physical therapy with one hour of relief; chiropractic treatments. She had a lumbar x-ray showing discogenic disease in the lower lumbar region; MRI of the lumbar spine (2/6/13) with mild lumbar spondylosis and facet arthrosis in the lower lumbar spine. In the progress note dated 3/19/15 there was request for authorization for chiropractic care three times per week for four weeks directed at the cervical, thoracic, lumbar, bilateral shoulders, elbows and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with modalities for the lumbar, cervical, thoracic, bilateral shoulders, bilateral elbows and wrists, three times a week for four weeks: 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 The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Page(s): 58.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. The provider requested 12 treatments that were appropriately modified by peer review to certify 6 treatments. This recommendation was consistent with medical treatment utilization schedule guidelines. The requested 12 treatments exceeds MTUS guidelines and is not medically necessary.