

Case Number:	CM15-0085017		
Date Assigned:	05/07/2015	Date of Injury:	07/23/2013
Decision Date:	06/08/2015	UR Denial Date:	04/13/2015
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, 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 47 year old female, who sustained an industrial injury on 07/23/2013. She reported twisting her lower back. The injured worker's knee injuries occurred at a later date. The injured worker is currently working regular duty. The injured worker is currently diagnosed as having low back pain, gait disturbance, facet arthropathy, and sacroiliac joint dysfunction. Treatment and diagnostics to date has included left knee arthroscopy, lumbar spine MRI, left knee MRI, physical therapy, and medications. In a progress note dated 03/24/2015, the injured worker presented with complaints of low back pain. Objective findings include paraspinal muscle spasms with tender areas over the left lower lumbosacral facet joints and the sacroiliac joint. The treating physician reported requesting authorization for chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment (4 sessions): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chiropractic treatment.

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 requested 4 sessions of chiropractic apparently to the low back over an unspecified period of time. The last approved treatment for chiropractic of 4 visits was on 3/20/14 according to the records. The 4 chiropractic sessions in 2 weeks for this flare-up is within the guidelines and therefore the treatment is medically necessary and appropriate. In order to receive further treatment the doctor needs to document objective functional improvement.