

Case Number:	CM15-0233780		
Date Assigned:	12/09/2015	Date of Injury:	06/09/1990
Decision Date:	01/27/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	11/30/2015

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:

This is a 54 year old female with a date of injury on 6-9-90. A review of medical records indicates that the injured worker is undergoing treatment for chronic lower back pain. Progress report dated 11-12-15 has missing pages, the pages sent reports tenderness and grade 3 splinting at L4-S1 bilaterally, positive Kemp's test for lower back bilaterally, local tenderness of lower back and right gluteal muscles, posture analysis showed antalgia in flexion and pelvic translation to the right with a high right hip and left shoulder. Treatment plan is chiropractic adjustments and manual traction of the lumbar, sacral and thoracic spine with the goal being to reduce pain and paresthesias and increase range of motion. Request for authorization was made for Chiropractic therapy, 6 sessions. Utilization review dated 11-19-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with flare-up of chronic low back pain. Previous treatments included chiropractic, physiotherapy, and home exercises. According to the available medical records, the claimant has had periodic chiropractic treatments for her condition, with the last chiropractic visits in May of 2015. Although evidences based MTUS Guidelines might recommend 1-2 visits every 4-6 months for flare-ups, traction is not recommended. The request for 6 visits also exceeded MTUS guidelines recommendations. Therefore, it is not medically necessary.