

Case Number:	CM15-0236140		
Date Assigned:	12/11/2015	Date of Injury:	10/28/2015
Decision Date:	01/20/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/03/2015

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 42 year old male injured worker suffered an industrial injury on 10-28-2015. The diagnoses included left low back pain without radiculopathy. On 11-11-2015 provider reported acute back pain. The injured worker notes he had seen a chiropractor for 2 sessions on his own with good relief. When bending forward he had increased pain from 3-4 out of 10. The pain had not limited his ability to do his job or participate in activities of daily living. On exam there were tight hamstrings and exquisitely tender right hip flexors bilaterally with flexion and external rotation and internal rotation. X-rays 10-31-2015 negative lumbar spine. The medical record did not indicate goals of therapy. Request for Authorization dated 11-12-2015. Utilization Review on 11-18-2015 determined non-certification for Chiropractic therapy (4x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy (x4-6): Upheld

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

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

Decision rationale: The claimant presented with acute back pain. Previous treatments include chiropractic with good relief. Current progress report dated 11/11/2015 by the treating doctor note no functional deficits, normal range of motion, no tenderness to palpation in the low back, and no work limitations. Based on the guidelines cited, there is no evidences of functional deficits that need to be address by chiropractic manipulative treatments. Therefore, the request for additional 6 chiropractic visits is not medically necessary.