

Case Number:	CM15-0239213		
Date Assigned:	12/16/2015	Date of Injury:	07/23/2015
Decision Date:	01/22/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/08/2015

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: Chiropractic

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 64-year-old male who sustained an industrial injury on 07-23-15. A review of the medical records reveals the injured worker is undergoing treatment for lumbago. Medical records (11-17-15) reveal the injured worker complains of continued low back pain, which is not rated. The physical exam (11-17-15) reveals tenderness to palpation along the lumbar paraspinal muscles bilaterally, as well as decreased range of motion. The injured worker did not express any complaints of pain with range of motion. There is no evidence of pain radiating to the lower extremities with motion. Sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. Prior treatment includes physical therapy and activity modification. The original utilization review (11-30-15) non certified the request for 12 chiropractic treatments. The UR department has modified the request and approved 6 initial sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial chiropractic therapy to the lumbar spine, 2 times a week for 6 weeks: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

Decision rationale: The patient has not received chiropractic care for his lumbar spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter both recommend an initial trial of 6 sessions of chiropractic care over 2 weeks. The PTP is requesting an initial trial of 12 sessions of chiropractic care. The UR department has reviewed the request and approved 6 initial sessions citing The MTUS and ODG. The 12 initial sessions requested exceed The MTUS and ODG recommended number. I find that the 12 initial chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.