

Case Number:	CM15-0239928		
Date Assigned:	12/17/2015	Date of Injury:	11/22/2000
Decision Date:	01/28/2016	UR Denial Date:	11/05/2015
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: 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 59 year old, female who sustained a work related injury on 11-22-2000. A review of the medical records shows she is being treated for low back pain. In the Primary Treating Physician's Orthopedic Reevaluation dated 10-14-15, the injured worker reports a flare-up of low back pain for two weeks with radiation down her right leg to ankle and to left mid thigh. Upon physical exam dated 10-14-15, she has tenderness to palpation of the lumbar spine around L4-L5. She has restricted lumbar range of motion due to pain. She has lumbar extensor weakness. She has muscle spasms noted. Treatments have included 2 current chiropractic treatments-moderate pain relief and chiropractic treatments back in 2013. Current medications include-not listed. She is working full duty. The treatment plan includes a request for chiropractic treatments. The Request for Authorization dated 10-14-15 has request for chiropractic treatment. In the Utilization Review dated 11-5-15, the requested treatment of chiropractic 2 x 4 to lumbar spine is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xWk x 4Wks for the Lumbar Spine: 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 flare-up of low back pain. Previous treatments included medications and chiropractic. According to the available medical records, the claimant has had chiropractic treatment previously with benefits. She recently completed 2 visits with moderate pain relief. Although evidences based MTUS guidelines might recommend 1-2 chiropractic visits every 4-6 months for flare-ups, the request for 8 visits exceeded MTUS guidelines recommendations. Therefore, it is not medically necessary.