

Case Number:	CM15-0243816		
Date Assigned:	12/23/2015	Date of Injury:	09/01/2003
Decision Date:	01/29/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/15/2015

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 (IW) is a 62 year old male, who sustained an industrial injury on 9-01-2003. The injured worker is being treated for lumbar strain, trigger points lumbar spine and ligament and muscle sprain-strain. Treatment to date has included medications, TENS, and physical therapy. Per the Primary Treating Physician's Progress Report dated 10-29-2015, the injured worker presented for follow-up of lumbar spine pain. He reported dull, aching, unchanged pain that radiates and is rated as 4-5 out of 10 at baseline. Rest and medications help alleviate the pain. Objective findings of the lumbar spine included limited range of motion and tenderness to palpation of the lumbar paraspinals with six trigger points noted. Work status was "the same as previous exams." Work status was not documented on the exam dated 10-01-2015. The plan of care included, and authorization was requested for 9 (3x3) visits of chiropractic treatment. Per the Utilization Review letter dated 11-19-2015, the request for 9 (3x3) visits of chiropractic treatment were modified to a trial of 6 visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 times a week for 3 weeks for lumbar: 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 chronic low back pain despite previous treatments with medications, physical therapy, and acupuncture. Reviewed of the available medical records show no history of chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, total up to 18 visits over 6-8 weeks if there are evidences of objective functional improvements with the trial visits, the request for 9 visits exceeded the guidelines recommendations. Therefore, it is not medically necessary.