

Case Number:	CM14-0215867		
Date Assigned:	01/05/2015	Date of Injury:	08/05/2008
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/23/2014

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, Minnesota
 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 64 year old male who was injured on 08/05/06 while working as a butcher. He injured his low back and experiences radicular symptoms frequently. He was diagnosed with multi-level lumbar disc bulges and DJD. Prior treatment includes medications, physical therapy, chiropractic, facet injections and epidurals. No amount of care or how the patient responded to care using objective measurable gains in functional improvement was documented for the prior treatment especially the prior chiropractic treatment. The patient has prior history of a non-industrial auto accident vs. a deer causing injury. X-rays of the lumbar spine revealed multi-level DJD and a Schmorl's node at the superior endplate of L2. MRI's of the Lumbar spine revealed Multi-level disc bulging with an annular tear at L4-5. The AME gave her a 19% WPI with future medical care to include Chiropractic. The doctor is requesting Chiropractic treatment times 12 sessions, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment times 12 sessions, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6-8 weeks. There is no documented prior chiropractic treatment that reveals objective measurable gains in functional improvement, therefore the chiropractic care is not medically necessary for 12 sessions.