

Case Number:	CM15-0008724		
Date Assigned:	01/26/2015	Date of Injury:	11/28/2009
Decision Date:	03/17/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/15/2015

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: 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 sustained an industrial injury on November 28, 2009. He has reported low back pain and has been diagnosed with L5-S1 narrowing, severe ulnar neuropathy, left upper extremity, and lumbar disc syndrome. Treatment to date has included Ultrasound, Ibuprofen, Vicoden, physical therapy, epidural injections and acupuncture. Currently the injured worker complains of dull low back pain radiating to both legs and feet. The patient has not received any chiropractic care for his low back complaints. The treatment plan included a referral to an orthopedic surgeon. On January 2, 2015 Utilization Review non certified Chiro 2 x 4 weeks citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro Treatment 2x4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Chapter Page(s): 58. Decision based on Non-MTUS Citation Low Back Chapter

Decision rationale: The patient has not received any chiropractic care for his current injuries per the AME report and all medical records provided. The MTUS Chronic Pain Medical Treatment Guidelines and ODG Low Back Chapter state that Manual therapy and manipulation is "recommended" for the lower back. Since the patient has never had chiropractic care to the low back a trial of chiropractic care is warranted. The ODG Low Back Chapter recommends a trial of chiropractic "6 visits over 2 weeks." Given these circumstances I find that a trial of 8 chiropractic sessions to lower back to be reasonable and medically necessary and appropriate.