

Case Number:	CM15-0010496		
Date Assigned:	01/28/2015	Date of Injury:	01/29/2011
Decision Date:	03/19/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/19/2015

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 42 year old female, who sustained an industrial injury on January 29, 2011. She has reported lower back pain with numbness and tingling of the right leg. The diagnoses have included lumbosacral spondylosis, lumbar degenerative disc disease, lumbar radiculitis, and myalgia/myositis. Treatment to date has included medications, physical therapy, chiropractic, steroid injections, and imaging studies. Currently, the injured worker complains of continued lower back pain. The treating physician is requesting two chiropractic sessions for treatment of the lumbar spine. On January 10, 2015 Utilization Review non-certified the request for chiropractic sessions noting the lack of documentation to support the medical necessity of the service. The MTUS was cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Sessions of Chiropractic Therapy Treatment of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with ongoing complaints of low back pain despite previous treatments with medications, injections, chiropractic, and physical therapy. Reviewed of the available medical records showed the claimant has had ongoing periodic chiropractic treatments over the past 6 months with no evidences of objective functional improvement. While there is no document of recent flare-ups and maintenance care is not recommended by MTUS guidelines. Therefore, the request for 2 sessions of chiropractic therapy treatments is not medically necessary.