

Case Number:	CM15-0010548		
Date Assigned:	01/28/2015	Date of Injury:	06/20/2012
Decision Date:	03/16/2015	UR Denial Date:	01/05/2015
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, 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 was a 47 year old male, who sustained an industrial injury, June 20, 2012. The injured workers chief complaint was lower back pain that was constant and bilateral, greater on the right than the left. The injured worker sustained the injury from multiple events that caused temporary bouts of spine pain in particular the lower back. The pain radiates down the right leg, sometimes to the knee with numbness in the foot. The injured worker was diagnosed with cervical myofascial pain syndrome, lumbar sprain/strain with chronic pain syndrome and occipital/cervical segment dysfunction. The documentation submitted for review was limited to an evaluation by the capacity of agreed medical examiner, on October 27, 2014 and the update on December 10, 2014. On December 10, 2014, the primary treating physician requested 6 chiropractic sessions for stress and pain in the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of chiropractic manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: It is not clear how much previous chiropractic care has been received in the past and/or how the patient has responded to previous care using objective measurable gains in functional improvement. 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. The doctor requested 6 chiropractic manipulation sessions but has not documented objective functional improvement to receive further treatment. Therefore the treatment is not medically necessary.