

Case Number:	CM15-0015548		
Date Assigned:	02/03/2015	Date of Injury:	09/24/2014
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey
 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 46-year-old male who reported an injury on 09/24/2014. The mechanism of injury was not specifically stated. The current diagnoses include lumbosacral strain, possible SI joint dysfunction, and possible right sciatica. The injured worker presented on 11/05/2014 with complaints of persistent low back pain. The injured worker was utilizing Norco on an as needed basis. Upon examination, there was tenderness to palpation, negative straight leg raise, 2+ deep tendon reflexes, intact sensation, and limited mobility. Recommendations at that time included continuation of physical therapy. A Request for Authorization form was submitted on 11/25/2014 for 6 sessions of manual therapy. However, there was no recent Physician's Progress Report submitted by the requesting physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care For The Low Back 1x4: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. In this case, the injured worker has completed a previous course of chiropractic therapy. However, there was no documentation of significant functional improvement. Additional treatment would not be supported at this time. Therefore, the request is not medically necessary.