

Case Number:	CM15-0015946		
Date Assigned:	02/05/2015	Date of Injury:	08/28/2014
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male who reported an injury on 06/26/2014. The mechanism of injury was a motor vehicle accident. Diagnostic studies included a lumbar spine x-ray. The documentation of 11/18/2014 indicated the injured worker bilateral lower extremity pain with no numbness or tingling. The injured worker indicated medications were helpful and there was no functional change since the last evaluation. The diagnoses included lumbar spine sprain and strain with bilateral lower extremity pain. The treatment plan included to start chiropractic care 3 times a week x4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic three times a week for four weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend manual therapy for chronic pain if it is caused by a musculoskeletal condition. For the low back, it is recommended initially for a therapeutic trial of 6 sessions and with objective functional improvement, a total of up to 18 visits. The clinical documentation submitted for review failed to provide documentation of the prior therapies. The request for 12 sessions would be excessive without documented re-evaluation regarding the initial 6 sessions. There was a lack of documentation if the injured worker had previously undergone chiropractic care. There was a lack of documentation of objective functional improvement with the prior 6 visits, if the injured worker had attended the prior recommended therapy. Given the above, and the lack of documentation, the request for chiropractic three times a week for four weeks for the lumbar spine is not medically necessary.