

Case Number:	CM15-0019252		
Date Assigned:	02/09/2015	Date of Injury:	08/09/2010
Decision Date:	03/25/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/02/2015

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 is a 71 year old male, who sustained an industrial injury on 8/9/2010. The current diagnosis is status post lumbar decompression and fusion (8/23/2011). Currently, the injured worker complains of low back pain. Treatment to date has included medications, physical therapy, epidural steroid injection, trigger point injections, chiropractic, and surgery. The treating physician is requesting 12 additional chiropractic sessions to the lumbar spine, which is now under review. On 1/2/2015, Utilization Review had non-certified a request for 12 additional chiropractic sessions to the lumbar spine. The chiropractic sessions were non-certified based on lack of evidence of objective functional improvement with previous chiropractic sessions. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

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.

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

Decision rationale: 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 of up to 18 visits over 6-8 weeks. The doctor has requested 12 additional chiropractic visits or 3 times per week for 4 weeks. The amount of previous chiropractic care and how the patient responded to care documenting objective functional improvement is not clear. Therefore the request for 12 additional chiropractic treatments is not medically necessary.