

Case Number:	CM15-0110480		
Date Assigned:	06/17/2015	Date of Injury:	09/19/2008
Decision Date:	07/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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, Oriental Medicine

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 55 year old male, who sustained an industrial injury on September 19, 2008. The injured worker reported low back pain due to a fall. The injured worker was diagnosed as having lumbar disc protrusion, lumbar sprain, displacement of lumbar intervertebral disc, spinal stenosis and spasm of muscle. Treatment to date has included topical and oral medication. A progress note dated May 18, 2015 provides the injured worker complains of low back pain rated 5/10. He reports radiation to the lower extremities with flare ups that have been more frequent recently. Physical exam notes tenderness to palpation of the lumbar area with decreased range of motion (ROM) and leg weakness. The plan includes chiropractic therapy, lab work and topical and oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments once a week for 6 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: The 5/26/15 UR determination denied the treatment request for Chiropractic treatment, 6 visits to the lumbar spine citing CA MTUS Chronic Treatment Guidelines. The request for additional Chiropractic care was accompanied by a report of improvement with medical management with medications. Although prior Chiropractic care was provided the number of completed sessions was not addressed or what additional functional benefit these treatments provided the claimant that reported medication management did not provide. The medical necessity for continued application of manipulative therapy was not provided in the reports reviewed or comply with prerequisites for additional care per CA MTUS Chronic Treatment Guidelines. Therefore, this request is not medically necessary.