

Case Number:	CM15-0113612		
Date Assigned:	06/22/2015	Date of Injury:	01/17/2014
Decision Date:	07/20/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/12/2015

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:

This is a 40 year old male with a January 17, 2014 date of injury. A progress note dated May 7, 2015 documents subjective findings (persistent pain in the lower back rated at a level of 3/10; pain has slightly improved with chiropractic treatment; increased range of motion, less pain, and better increased function with chiropractic treatments), objective findings (tenderness to palpation over the lower bilateral lumbar paraspinal muscles; flexion slightly limited secondary to pain), and current diagnoses (acute and chronic lumbar strain; rule out lumbar disc herniation). Treatments to date have included chiropractic treatments, transcutaneous electrical nerve stimulator unit, exercise, and topical medications. The treating physician documented a plan of care that included chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, Low Back, 2 times wkly for 6 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 chiropractic treatment of 2 times per week for 6 weeks or 12 treatments. The requested treatment is not according to the above guidelines (trial of 6 over 2 weeks) and therefore the treatment is not medically necessary and appropriate.