

Case Number:	CM15-0113643		
Date Assigned:	06/22/2015	Date of Injury:	03/07/2014
Decision Date:	07/20/2015	UR Denial Date:	05/13/2015
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:

The injured worker (IW) is a 50-year-old female who sustained an industrial injury on 03/07/2014. Diagnoses include chronic lumbar spine sprain/strain superimposed upon degenerative disc and joint disease. Treatment to date has included medications, chiropractic treatment and home exercise. Previous chiropractic treatment was beneficial. According to the progress notes dated 5/7/15, the IW reported intermittent lower back pain. On examination of the lumbar spine, there was myofascial guarding, limited range of motion and some trigger points. A request was made for six chiropractic treatment sessions for the lumbar spine for stabilization of myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic treatment sessions for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines.

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 6 chiropractic treatment sessions over an unspecified period of time for the lumbar spine. The request for 6 chiropractic treatments is within the above treatment guidelines and therefore the treatment is medically necessary and appropriate. In order to receive further treatment after these 6 sessions the doctor needs to document objective functional improvement.