

Case Number:	CM15-0114556		
Date Assigned:	06/22/2015	Date of Injury:	12/04/1992
Decision Date:	07/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/15/2015

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

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 66 year old female, who sustained an industrial injury on 12/4/92. The injured worker has complaints of lumbar spine and cervical spine pain. The documentation noted on examination the injured worker has limitation in the cervical spine and tenderness to palpation over the cervical spine and tightness of the paraspinal musculature. The documentation noted the lumbar spine demonstrates persistent tenderness in the lower lumbar spine out into the S1 (sacroiliac) joints, again some tightness and spasming of the paraspinal musculature and range of motion is limited. The diagnoses have included sprain of lumbar. Treatment to date has included chiropractor treatments; vicodin; motrin and norco. The request was for 6 sessions of additional chiropractic therapy for cervical & lumbar spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of additional chiropractic therapy for cervical & lumbar spines: 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.

Decision rationale: The medical necessity for the requested 6 chiropractic treatments was not established. It appears that the claimant has treated on an ongoing basis for chronic lower back

pain. On 6/18/2014 the claimant was evaluated by [REDACTED] for complaints of a "repeat flare, lumbar spine." The report indicated that the "patient states that chiropractic treatments be provided for her in March 2014 provided incremental improvements in her symptoms. Subsequently, however, she has noted some recurrence of her lower back pain." The claimant then returned on 9/15/2014 for a reported "flare of symptoms." The report indicates that "the patient seems to benefit from chiropractic treatments. I would recommend 8 additional chiropractic treatments for her flare of symptoms." The claimant completed 8 chiropractic treatments and that "the last one round out last month." On 12/15/2014 the claimant returned for continued chronic lower back pain. The report indicates that "the patient states that she has been going to her chiropractor treatments. These were authorized since her last visit. She has one to two left." On 2/16/2015 the claimant returned complaining of continued "recurrent flare of symptoms, primarily lower back." The recommendation was for 6 additional chiropractic treatments. The claimant returned on 4/13/2015 complaining of an exacerbation. The report indicates that "the patient would benefit from 6 chiropractic treatments to help decrease the flare. She has had good symptomatic relief with these in the past and we will attempt to arrange authorization for the same." This indicates that the claimant has treated on a regular basis for chronic lower back pain and that the treatment appears to be little more than maintenance in nature. The requested continued treatment is not medically necessary by medical treatment utilization schedule guidelines.