

Case Number:	CM15-0116651		
Date Assigned:	06/24/2015	Date of Injury:	06/18/2001
Decision Date:	07/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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 53 year old male, who sustained an industrial injury on 6/18/01. The injured worker was diagnosed as having somatic dysfunction of the lumbar spine, lumbar spine strain, lumbar radiculitis/neuritis, degeneration of the lumbar disc, somatic dysfunction of the sacral region, and myositis. Treatment to date was not discussed in the submitted medical records. Currently, the injured worker complains of lumbar spine pain. The treating physician requested authorization for chiropractic treatment for the lumbar spine 2 times per week for 3-4 weeks (a total of 12 sessions) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lumbar spine, 2 times a week for 3-4 weeks, total 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

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 requested chiropractic treatment for the lumbar spine, 2 times per week for 3-4 weeks, total 12 sessions. With all due respect, 2 times per week for 3 weeks is 6 treatments and 2 times per week for 4 weeks is 8 treatments, neither of which is a total of 12 sessions. (2 times per week would have been within the above guidelines, even though 3x2 is better.) The above request is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.