

Case Number:	CM15-0118955		
Date Assigned:	06/29/2015	Date of Injury:	09/25/2014
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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 40 year old female with an industrial injury dated 09/25/2014. The injured worker's diagnoses include back contusion and lumbar sprain/strain. Treatment consisted of prescribed medications, 6 chiropractic treatments and periodic follow up visits. According to the most current progress note dated 12/01/2014, the injured worker reported low back pain. Objective findings revealed tenderness of the paravertebral musculature, restricted range of motion, positive straight leg raises and positive Kemp's test. Some documents within the submitted medical records are difficult to decipher. Treatment plan consisted of continuation of chiropractic treatment and consult/referral. The treating physician prescribed additional services for outpatient chiropractic, six (6) sessions now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic, six (6) sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The claimant presented with ongoing lower back pain despite previous treatments with medications, chiropractic, and physiotherapy. Reviewed of the available medical records showed the claimant has had a least 6 chiropractic visits with no evidences of objective functional improvement. Based on the guidelines cited, the request for additional 6 chiropractic sessions, therefore, is not medically necessary.