

Case Number:	CM15-0124196		
Date Assigned:	07/08/2015	Date of Injury:	09/19/2013
Decision Date:	08/10/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/27/2015

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, Oriental Medicine

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 61 year old male, who sustained an industrial injury on 09/09/2013. On provider visit dated 05/13/2015 the injured worker has reported low back pain. On examination of the lumbar spine revealed pain with range of motion. The diagnoses have included lumbar disc prolapse, radiculopathy and lumbago. Treatment to date has included medication, therapy and status right L4-5 foraminotomy. The provider requested Chiropractic for the lumbar spine, twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the lumbar spine, twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The Chronic Pain Medical Treatment guidelines recommend manipulation for chronic pain if caused by musculoskeletal conditions. The guideline recommends a trial of 6

visits over 2 weeks and with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. According to the report dated 10/14/2014, it was reported that the patient received chiropractic treatments with no relief. The patient received a right L4-5 foraminotomy on 1/29/2015. There were no records of the patient completing chiropractic session following the surgery dated 1/29/2015. It is appropriate for the patient to have a trial chiropractic care for which the guideline recommends 6 visits. The provider's request for 12 chiropractic session exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not medically necessary at this time.