

Case Number:	CM15-0060589		
Date Assigned:	04/07/2015	Date of Injury:	04/29/2008
Decision Date:	05/14/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/31/2015

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 64 year old male, who sustained an industrial injury on April 29, 2008. He has reported lower back pain. Diagnoses have included chronic lower back pain, lumbar spine strain, radicular symptoms, and depression due to chronic pain. Treatment to date has included medications, bracing, physical therapy, chiropractic, home exercise, lumbar spinal fusion and removal of hardware, and imaging studies. A progress note dated February 10, 2015 indicates a chief complaint of lower back pain that has improved since surgery. The treating physician documented a plan of care that included medications, periodic chiropractic care for pain control, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 time a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

Decision rationale: The claimant presented with persistent and chronic low back pain. While it is noted in the treating doctor's progress report that prior chiropractic treatments helped, there is no document of functional improvement. The claimant has had lumbar spinal fusion and removal of hardware, and he his feeling better. Furthermore, the request for periodic chiropractic care for pain control appear to be maintenance. Based on the guidelines cited, the request for 6 chiropractic visits is not medically necessary.