

Case Number:	CM15-0060724		
Date Assigned:	04/07/2015	Date of Injury:	10/06/1988
Decision Date:	05/13/2015	UR Denial Date:	03/04/2015
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 53 year old male, who sustained an industrial injury on 10/6/88. He reported low back pain. The injured worker was diagnosed as having lumbar intervertebral disc displacement without myelopathy, myalgia, and myositis. Treatment to date has included chiropractic treatment. Currently, the injured worker complains of low back pain with episodes of pain shooting to his right leg and calf. The treating physician requested authorization for 4 sessions of chiropractic manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of chiropractic manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The claimant presented with increased in his chronic low back pain, date of injury is on 10/06/1988. While evidences based MTUS guidelines recommend 1-2 chiropractic visits very 4-6 months for flare-up, the claimant has completed 5 visits with no evidences of objective functional improvement. Based on the guidelines cited, the request for additional 4 chiropractic treatments is not medically necessary.