

Case Number:	CM15-0061377		
Date Assigned:	04/07/2015	Date of Injury:	12/10/2013
Decision Date:	05/06/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/01/2015

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 45 year old female, who sustained an industrial injury on 12/10/2013. The injured worker is currently diagnosed as having cervicgia and lumbago. Treatment to date has included lumbar spine MRI and medications. In a progress note dated 11/14/2014, the injured worker presented with complaints of pain in the neck and upper back. According to the application, Independent Medical Review is requested for chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Treatments for the Lumbar Spine, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 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 has

requested 6 chiropractic treatments for the Lumbar spine, 2 times per week for 3 weeks. If the request had stated "3 times per week for 2 weeks" this request would have been according to the above guidelines. Due to the fact that this request is not according to the above guidelines, the request for treatment is not medically necessary.