

Case Number:	CM15-0064814		
Date Assigned:	04/10/2015	Date of Injury:	10/14/2002
Decision Date:	05/14/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/06/2015

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 59 year old female who sustained a work related injury October 14, 2002. According to a primary treating physician's progress report, dated March 12, 2015, the injured worker presented with developing severe flares of low back pain, with pain and paresthasias to the left thigh. She describes weakness in the legs with episodes of them giving way and difficulty rising from a seated position. Water therapy provided some benefit and medication does decrease the pain, allowing improved walking and sleep. The lumbar spine is tender to touch with muscle spasm and range of motion is guarded. Diagnosis is documented as lumbar sprain/strain, multi-level degenerative disc disease. Treatment plan included request for authorization for medications, repeat urine drug screen, re-evaluation with surgeon, and chiropractic treatments to the lumbar spine two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits 2 x wk x 4 wks - Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: The claimant presented with severe flare-up of the low back pain. While the treating doctor's report on 03/12/2015 noted previous chiropractic treatment helped, the request for 8 chiropractic visits exceeded MTUS guidelines recommendation for 1-2 visits every 4-6 months for flare-ups. Therefore, based on the guidelines cited, the request for chiropractic visits 2x a week for 4 weeks for this claimant flare-up of chronic low back pain is not medically necessary.