

Case Number:	CM15-0066055		
Date Assigned:	04/13/2015	Date of Injury:	01/09/2013
Decision Date:	05/13/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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:

This 42-year-old female sustained an industrial injury on 1/9/13. She subsequently reported low back pain. Diagnoses include lumbar facet arthropathy, major depression and post-traumatic stress disorder. Treatments to date have included MRI, physical therapy injections, chiropractic care and prescription pain medications. The injured worker continues to experience chronic low back pain. A request for Chiropractic therapy one time a week for six weeks for the lumbar spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy one time a week for six weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: Manual Therapy and Manipulation, pages 58/59 Page(s): 58/59.

Decision rationale: The UR determination of 3/31/15 denied the request for 1x6 Chiropractic care citing CAMTUS Chronic Treatment Guidelines. The reviewed PR-2 dated 3/24/15 outlined

the patients reexamination findings and a report of patient improvement with reduction in lower back pain. The reviewed documents reflected transient relief with prior applied Chiropractic care but no reported evidence of functional improvement. The reviewed medical records did not address the medical necessity for continued utilization of Chiropractic care or satisfy the criteria for additional care per CAMTUS Chronic Treatment Guidelines. The treatment is not medically necessary.