

Case Number:	CM15-0066944		
Date Assigned:	04/14/2015	Date of Injury:	10/13/2007
Decision Date:	05/19/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/08/2015

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 47 year old male, who sustained an industrial injury on 10/13/2007. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 02/19/2015 the injured worker has reported ongoing lower back pain. On examination dated 01/23/2015 of the lumbar spine he was noted to have a decrease in range of motion due to pain, tenderness on palpation and positive straight leg raise. The diagnoses have included spondylosis and spinal stenosis. Treatment to date has included chiropractic treatment, medication and TENS unit. The provider requested Chiropractic treatment, Lumbar spine, once every 2 weeks for 12 weeks = 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, Lumbar spine, once every 2 weeks for 12 weeks = 6 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain.

Decision rationale: The claimant presented with recent flare-up of his chronic low back pain. Reviewed of the available medical records showed he has completed 2 chiropractic visits, with

medications and TENS unit for this flare-up and notes 50% improvement in his pain and ROM. While MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-up, ongoing maintenance care is not recommended. Based on the guidelines cited, the request for chiropractic treatment, once every 2 weeks for 12 weeks is not medically necessary.