

Case Number:	CM15-0069472		
Date Assigned:	04/17/2015	Date of Injury:	03/11/2014
Decision Date:	05/20/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/13/2015

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:

The injured worker is a 46 year old male who sustained an industrial injury on 03/11/2014. Current diagnoses include lumbar spine and left sacroiliac joint musculoligamentous sprain/strain with history of left lower extremity radiculitis. Previous treatments included medication management and injection for pain. Previous diagnostic studies included an MRI. Initial complaints included a sudden onset of low back pain and was not able to straighten up. Report dated 03/16/2015 noted that the injured worker presented with complaints that included low back pain and stiffness with lower extremity radicular complaints. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included request for chiropractic, request for medical records for review, and follow up. Disputed treatments include chiropractic treatment 2 times a week for 4 weeks lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 4 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines manual manipulation & therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: The patient has complained of low back pain. According to the MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. It is not recommended for elective/maintenance care. Based on the submitted documents, there was no documentation of prior chiropractic treatments. Therefore, a trial of 6 visits appears to be necessary at this time. However, the provider's request for 8 chiropractic session exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not medically necessary at this time. Additional chiropractic session beyond the initial 6 sessions is recommended if there is evidence of objective functional improvement.