

Case Number:	CM15-0070789		
Date Assigned:	04/20/2015	Date of Injury:	12/13/2012
Decision Date:	05/21/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/14/2015

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 28 year old male, who sustained an industrial injury on 12/13/2012. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbago, lumbar sprain, and unilateral or unspecified inguinal hernia without obstruction or gangrene. Treatments to date include ibuprophen and Tylenol. Currently, he complained of pain rated 4/10 VAS. On 2/9/15, the physical examination documented pain with range of motion. The plan of care included chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 time a week for 6 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial

of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care Not medically necessary. Recurrences/flare-ups
Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months
Page(s): 58-59.

Decision rationale: The claimant presented with persistent low back pain despite previous treatments with medications, physical therapy, chiropractic, and home exercises. Reviewed of the available medical records showed he has had 6 chiropractic visits that decreased his subjective pain level from 4/10 to 3/10, however, there is no change in objective physical exam findings. Based on the guidelines cited, the request for additional 6 chiropractic treatments is not medically necessary.