

Case Number:	CM15-0070968		
Date Assigned:	04/20/2015	Date of Injury:	01/20/2010
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
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, Minnesota
 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 56 year old male, who sustained an industrial injury on 1/20/10. The injured worker has complaints of back pain. The diagnoses have included cervical pain; degenerative disc disease; myofascial pain and lumbar degenerative disc disease. The Progress/Visit Noted dated 7/23/14 noted that the plan was advised additional 6 sessions of chiropractic and this will be the last prescription of oxycontin because the chiropractic is helping so much. The request was for chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions Qty: 6.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested 6 chiropractic sessions over an unspecified period of time. The doctor does show evidence of objective functional improvement by stating that, "the patient is on his last prescription of oxycontin because the chiropractic care is helping so much." It would be great also if the doctor included an increase in ROM of the lumbar spine due to chiropractic as well as an improved work or disability status. Due to the fact that Chiropractic care has shown objective functional improvement through decrease in medication as stated above, the requested chiropractic treatment is medically necessary.