

Case Number:	CM15-0072665		
Date Assigned:	04/22/2015	Date of Injury:	10/19/2009
Decision Date:	05/27/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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 61 year old female with an industrial injury dated 10/19/2009. Her diagnoses included lumbalgia, sciatica and spasm of muscle. Prior treatment included ice, heat, chiropractic, and medications. He presents on 03/02/2015 with complaints of low back pain. The injured worker states she had a flare up of pain on 03/02/2015 so severe she was unable to sit or work in any posture and way. Physical exam revealed muscle spasm in the left and right lumbar areas, left and right sacroiliac areas, left pelvic and right pelvic areas and right buttock. Treatment plan included chiropractic manipulation two times per week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the cervical spine; 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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 58-59 Page(s): 58-59.

Decision rationale: The claimant presented with flare-up of her chronic low back pain. Previous treatments include medication and chiropractic. Reviewed of the available medical records showed the claimant has had 2 chiropractic visits in January for her last flare-up episode. While MTUS guidelines, might recommend 1-2 visits every 4-6 months for flare-up. The current request for 4 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.