

Case Number:	CM15-0073556		
Date Assigned:	04/23/2015	Date of Injury:	10/22/2013
Decision Date:	05/21/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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 52 year old female who sustained an industrial injury on 10/22/13. She has reported initial complaints of low back injury after picking up a heavy box and hearing a pop in her back. The diagnoses have included lumbar spinal stenosis with right leg sciatica. Treatment to date has included medications, activity modifications, heat/ice/ massage and physical therapy. Currently, as per the physician progress note dated 1/28/15, the injured worker complains of constant severe low back pain described as tight, with numbness and pulsating and aggravated by activities. The physical exam revealed lumbar tenderness, limited painful range of motion, and positive orthopedic evaluation. There was decreased sensory on the right, positive seated root test, positive myospasm and palpable pain along the right sciatic nerve. Work status was return to modified work with restrictions on 1/28/15. The physician requested treatment included Chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 has requested Chiropractic treatment of no specified amount and unspecified period time. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.