

Case Number:	CM15-0076605		
Date Assigned:	04/28/2015	Date of Injury:	05/21/2014
Decision Date:	06/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/21/2015

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 46 year old female, who sustained an industrial injury on May 21, 2014. Several documents included in the submitted medical records are difficult to decipher. She reported injuries of her neck, mid back, and low back. The injured worker was diagnosed as having cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, sciatica, and radiculopathy. Diagnostic studies to date included MRIs and x-rays. Treatment to date has included work modifications, physical therapy, chiropractic therapy, pain medication, and non-steroidal anti-inflammatory medication. On March 11, 2015, the injured worker complains of neck pain that was rated 4/10. He also complains of low back pain, rated 2-3/10. His low back pain increased to 4-5/10 with twisting and bending to the left. The physical exam revealed a positive Kemp's, straight leg raise, Braggard's, Soto hall, and right maximum foraminal compression test. The treatment plan includes 6 chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 treatments over an unspecified period of time and did not document objective functional improvement from the previous chiropractic care. The requested treatment is not according to the above guidelines and therefore the treatment is not medically necessary.