

Case Number:	CM15-0076779		
Date Assigned:	04/28/2015	Date of Injury:	07/26/2014
Decision Date:	06/15/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/22/2015

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: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

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 51 year old female, who sustained an industrial injury on 7/26/14. The injured worker has complaints of low back pain, right sacroiliac joint pain and left leg pain. The diagnoses have included strain/sprain lumbosacral; myofascitis and lumbar disc displacement. Treatment to date has included chiropractic treatments to the lumbar spine to reduce pain level, improving range of motion and increase both strength and function and physical therapy. The request was for chiropractic treatments for the lumbar spine, eight sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments for the lumbar spine, eight sessions: 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 Manual therapy & manipulation Page(s): 59.

Decision rationale: MTUS 2009 states that additional chiropractic care is an option if there is functional improvement after the initial trial. The patient did not demonstrate any functional improvement after the initial trial. The patient left for two weeks which was the explanation for the absence of functional benefit. However, the patient was considered totally disabled for 6 weeks without any partial improvement from the initial trial of acupuncture. Based upon the lack of functional improvement from the initial trial of chiropractic, this request for additional chiropractic care is not medically necessary and is denied.