

Case Number:	CM15-0078922		
Date Assigned:	04/30/2015	Date of Injury:	12/17/2013
Decision Date:	05/29/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/24/2015

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(n) 47 year old female, who sustained an industrial injury on 12/17/13. She reported pain in her lower back related to moving a heavy object. The injured worker was diagnosed as having lumbar disc displacement without myelopathy. Treatment to date has included lumbar transforaminal injections, chiropractic sessions (on a personal basis ending in March 2015) and oral pain medications. As of the PR2 dated 3/31/15, the injured worker reports slow return of her lower back pain following a lumbar transforaminal injection received in 11/2014. The treating physician noted slight tenderness to palpation over the right paraspinal regions. The treating physician requested chiropractic sessions x 12 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

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 12 Chiropractic therapy sessions for the lumbar spine without giving a length of time to use those visits. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.