

Case Number:	CM15-0096223		
Date Assigned:	05/26/2015	Date of Injury:	11/15/2010
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/19/2015

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 43 year old female, who sustained an industrial injury on 11/15/2010. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having lumbosacral sprain/strain, lumbalgia, sacral segmental/somatic dysfunction, lumbar segmental/somatic dysfunction, thoracic segmental/somatic dysfunction, and cervical segmental/somatic dysfunction. Treatment and diagnostics to date has included chiropractic treatment, physical therapy with relief, epidural injections, lumbar spine MRI which showed L3-4 and L4-5 disc bulging, and medications. In a progress note dated 03/06/2015, the injured worker presented with complaints of occasional low back pain. Objective findings include back tenderness and tightness with decreased range of motion. The treating physician reported requesting authorization for retrospective chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: 4 Chiropractic Visits (DOS: 01/16/2015 to 03/20/2015): 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 4 chiropractic visits retrospectively from 1/16/15 to 3/20/15. According to the records the patient has received 21 sessions of chiropractic from 4/11/15 to 4/17/15 and 34 visits since the injury began. The 4 visits requested above over 2 months time frame is more like maintenance care and not according to the above guidelines. Therefore since the above request is not according to the above guidelines, the treatment is not medically necessary. For future treatment the doctor needs to show objective functional improvement as stated in the above guidelines to receive more treatment.