

Case Number:	CM13-0002116		
Date Assigned:	12/27/2013	Date of Injury:	05/09/2013
Decision Date:	02/28/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/19/2013

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. The expert reviewer is a Chiropractor, has a subspecialty in Chiropractic Sports and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38 year old male who reported low back pain after lifting a grass pile on 5/9/13. His symptoms were limited to his low back without radicular symptoms. He was diagnosed with a lumbar sprain strain even though the lumbar spine x-rays of 5/16/13 stated a questionable fracture of the inferior articular facet of L5 on the left. A CT scan was recommended but never completed. On 5/16/13 he was returned to work with no restrictions. The treatment so far has been ice, medication, back support and a heat pad. On 5/23/13 the medical doctor requested chiropractic treatment 3 times per week for 2 weeks. On 6/14/13 the physician assistant requested physical therapy of 3 times per week for 2 weeks. Work restrictions are now limited stooping, bending, kneeling, and squatting 2 hours /day plus limited lift up to 20lbs. On 6/16/13 an MRI with out contrast of the lumbar spine was requested and has not been completed according to the documents available to me. On 6/17/13 the chiropractor became the treating physician and requested work conditioning 2 times per week for 6 weeks. He also requested 8 sessions of chiropractic care. The injured worker is TTD until 6/25/13. On 6/24/13 the patient has completed 6 or the 8 treatments. TTD is extended to 7/2/13. Chiropractor is requesting 2 visits per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week times 4 weeks, lumbar: 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.

Decision rationale: According to the MTUS Chronic Pain Medical treatment guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal of effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. 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 to 8 weeks. The visits have not been approved as there is no documented evidence of objective functional improvement.