

Case Number:	CM13-0005032		
Date Assigned:	12/27/2013	Date of Injury:	08/25/2012
Decision Date:	08/21/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	07/31/2013

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 licensed psychologist and is licensed to practice in Utah. 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 36 year-old female with a recorded 8-23-12 date of injury. The records describe a low back injury related to heavy lifting and getting in and out of a delivery truck. Complaints include: low back pain and left lower extremity pain with numbness/tingling into the left toes (L5/S1 dermatome). Records describe treatment including: medications; extensive physical therapy to include myofascial release, exercise, hot packs, iontophoresis, strapping/bracing/supports; and a series of six chiropractic treatment sessions. A October 17, 2012 lumbar MRI notes impression including: 2 millimeter retrolisthesis L5/S1, 3 millimeter disc protrusion L4/5, L5/S1 with associated annular tear and degenerative changes. Current chiropractic records submitted through April 07, 2014 note the patient with continued low back and left lower extremity complaints rated 7-9/10. Examination findings include: antalgic gait, palpable muscle spasm and tenderness to palpation, positive lumbosacral facet loading maneuvers, sensory deficits left L5-S1 dermatome. The chiropractor is requesting six chiropractic treatment sessions and a lower extremity electrodiagnostic study EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT, TWICE A WEEK FOR THREE WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends this modality for the Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Records indicate the patient was provided six chiropractic treatment sessions for this injury. There is no record of objective measured functional improvement with the treatment rendered. As such, the request for chiropractic treatment twice a week for 3 weeks is not medically necessary and appropriate.