

Case Number:	CM13-0027020		
Date Assigned:	11/22/2013	Date of Injury:	08/15/2012
Decision Date:	01/27/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The reviewer is Board Certified in Chiropractic 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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 40 year old female who was involved in a work related injury on 8/15/12. Her primary diagnoses are chronic low back pain, headache, back contusion, post concussion syndrome, morbid obesity. She has pain in the head, bilateral legs/buttocks/hips, and low back. Prior treatment includes oral medications and physical therapy. Prior physical therapy aggravated her condition. MRI findings show mild bilateral neural foraminal stenosis L4-L5 and T11-T12 moderate sized disc protrusion mildly narrowing the canal. She has decreased range of motion in the lumbar spine and lower extremity. SLR is positive bilaterally. She also has sensory deficits in L5-S1 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 additional sessions for chiropractic manipulation for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: : According to evidenced based guidelines, a trial of up to six visits is medically necessary for chronic pain caused by musculoskeletal conditions. Further visits may be necessary if there is demonstrated functional improvement. The claimant has not had a prior

chiropractic trial with the injury and has documented musculoskeletal pain. Therefore, 4 sessions of chiropractic are medically necessary.