

Case Number:	CM13-0028231		
Date Assigned:	12/04/2013	Date of Injury:	06/03/1998
Decision Date:	01/29/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 39-year-old female who reported an injury on 06/03/1998. The injury was noted to have occurred while the patient was working as a nursing assistant and was transferring a corpse onto an exam table with a co-worker, when the co-worker dropped the corpse, pulling the patient to the floor. Her diagnoses are noted as lumbar radiculopathy, lumbosacral spondylosis without myelopathy, myalgia and myositis, and postlaminectomy syndrome of the lumbar region. Her symptoms are noted to include back pain. Objective findings include decreased lumbar range of motion, tenderness to palpation of the lumbar spine region, and moderate muscle spasm of the lumbar musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for chiropractic treatment to lumbar spine 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractics Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The California MTUS Guidelines state that manual therapy and manipulation is recommended as an option for low back pain. It is recommended as a trial of 6

visits over 2 weeks, then up to 18 visits over 6 to 8 weeks with evidence of objective functional improvement. It states that if the previous treatment is successful, and the patient has returned to work, then 1 to 2 visits every 4 to 6 months is recommended for recurrences and/or flare-ups. The patient was noted to have participated in chiropractic care starting in 04/2013. It was noted that the patient participated in 10 chiropractic sessions from 04/26/2013 through 08/19/2013. The documentation indicates that the patient reported improvement with her chiropractic sessions. However, her pain rating remained an average of 7/10 and there was no evidence provided of significant measurable functional gains received from the therapy. Additionally, the documentation submitted for review failed to provide recent objective findings in order to show current functional deficits, which may benefit from manual therapy and manipulation. For these reasons, the request is non-certified.