MAXIMUS Federal Services

Case Number:	CM13-0056954		
Date Assigned:	12/30/2013	Date of Injury:	07/03/2003
Decision Date:	03/18/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractic Care, 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 55 year old female who was working as a housekeeper when as she was cleaning a shower she slipped and fell landing on both knees on 7/03/03. She has apparently been treated with chiropractic care, physical therapy and medication for her injuries. On 10/07/03 a MRI of the lumbar spine revealed 4mm central disc protrusion at L4-L5 without nerve root impingement. There is a right lateral disc protrusion seen at L5-S1. On 08/10/2007 MRI of the lumbar spine revealed L3-L4 small left paracentral protrusion. L4-L5 degenerative disc disease with broad based bulge, central protrusion, annular fissure and facet arthropathy results in moderate canal stenosis with neural foraminal narrowing. From November 2012 to November 2013 the medical doctor and chiropractic reports have stated that the injured worker has stated a pain level of 7 to 9 out of 10.No functional improvement has been noted as well in the medical or chiropractic reports. The primary doctor is requesting 8 visits, 2xâ¿¿s week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

eight chiro visits to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

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 or effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patientâ¿¿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 up to 18 visits over 6/8 weeks. The reports have not shown any positive symptomatic or objective measurable gains showing functional improvement as previously discussed. Therefore further care is denied.