

Case Number:	CM13-0057451		
Date Assigned:	12/30/2013	Date of Injury:	08/20/2013
Decision Date:	03/24/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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 24 year old female who sustained a work-related injury on 8/20/13. She injured her lower back and left small finger as the result of a slip and fall. According to the 10/16/13 chiropractic report, the diagnoses include lumbosacral sprain, radiculitis down both legs, and intersegmental dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 12 sessions of chiropractic with physiotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30,58.

Decision rationale: The patient presents with low back pain. The available records show that the chiropractor, [REDACTED], has seen the patient prior to the 10/16/13 request; there was a note dated 10/8/13. The supplemental report from [REDACTED], dated 10/21/13 does not describe any functional improvement with the chiropractic visits already provided. MTUS guidelines for

chiropractic care states that it is recommended as an option. A trial of six visits over two weeks may be initially recommended, and, with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be recommended. There is not documented functional improvement with the prior chiropractic care, and the request for 12 sessions will exceed the MTUS recommended trial of six sessions. The request is not in accordance with MTUS guidelines, and is thus uncertified.