

Case Number:	CM13-0059376		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2012
Decision Date:	06/04/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	12/02/2013

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 licensed in Chiropractic Care and is licensed to practice in Texas. 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 reported an injury on February 28, 2012. The mechanism of injury was not provided for review. The injured worker ultimately underwent a lumbar fusion at the L5-S1 level in February 2013. The injured worker's treatment history included physical therapy and chiropractic treatments and a functional restoration program. The injured worker was evaluated on October 02, 2013. It was documented that the injured worker had low back pain rated at a 7/10 with a positive straight leg raise test to the right and positive Bragard's, Kemp's and Nachlas' tests with restricted range of motion and palpable tenderness in the paravertebral musculature. The injured worker's diagnoses included to rule out disc herniation, lumbar sprain/strain and sciatica. The injured worker's treatment history included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 CHIROPRACTIC SESSIONS FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: The requested 8 chiropractic sessions for the lumbar spine are not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has perviously participated in chiropractic care. The efficacy and duration of that care was not provided for review. The California Medical Treatment Utilization Schedule recommends 1 to 2 visits of chiropractic treatment for acute exacerbations of chronic pain. The requested 8 chiropractic sessions exceeds that recommendation. Additionally, there is no indication that the injured worker has returned to work and would benefit from additional treatment. As such, the requested 8 chiropractic sessions for the lumbar spine are not medically necessary or appropriate.