

Case Number:	CM13-0072254		
Date Assigned:	01/29/2014	Date of Injury:	07/23/2010
Decision Date:	06/19/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/24/2013

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 Board Certified in Physical Medicine & Rehabilitation 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 52 year old male who reported a low back injury on 07/23/2010; the mechanism of injury was not found in the documentation submitted. The clinical note dated 09/17/2013 noted the injured worker reported that he completed 6 physical therapy visits without any benefit. Within the clinical notes dated 12/16/2013 the injured worker reported pain in his lumbar spine that was rated 8.5/10 and radiated down the left lower extremity. The physical examination revealed impaired lumbar flexion of 45/90 degrees, extension was 10/25 degrees, left lateral flexion 15/25 degrees, and right lateral flexion was 15/25 degrees. The request for authorization was not found in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC WITH PHYSIOTHERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS recommends manual therapy as an option. Therapeutic care is recommended first with a trial of 6 visits over 2 weeks and with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. The request for 12 sessions exceeds the recommended guidelines due to the previous 6 sessions reported as completed. Furthermore, the provided documentation did not include adequate assessments in order to demonstrate significant objective functional improvement with the prior chiropractic therapy; the provider noted the injured worker reported no relief of symptoms with the prior treatment. Hence, the request is not medically necessary.