

Case Number:	CM14-0005953		
Date Assigned:	01/24/2014	Date of Injury:	10/16/2012
Decision Date:	07/25/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/05/2013

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 Chiropractor and Acupuncture 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 is a 57 year old female with a reported injury on 10/16/ 2012. The injured worker worked for [REDACTED] when she was lifting and stacking heavy pieces of luggage and started feeling pain to lower back. The injured worker had an evaluation on 10/30/2013 where she complained of pain to the right iliolumbar ligaments with some radiation of pain down right leg with numbness and tingling. The examination revealed a decrease of flexion and extension and bilateral bending by 10% of normal. There was a positive right straight leg raise at 40 degrees. The strength and reflexes to her leg and knee was normal. The list of medications was not recommended. The diagnoses and recommendations for treatment were not provided. There was no mention of one session of chiropractic therapy. The request for authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 1 SESSION: Upheld

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

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

Decision rationale: The injured worker had an injury reported on 10/16/2012 to the lower back. The California MTUS Guidelines recommend manual therapy for the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitates progression in the patient's therapeutic exercise program. There is no evidence of functional deficit. There was no evidence of a home exercise program. The guidelines recommend therapeutic care trial of six visits over two weeks. The request is asking for one session. There is no rationale for one session to be considered therapeutic. Therefore the chiropractic treatment is not medically necessary.