

Case Number:	CM14-0012479		
Date Assigned:	03/31/2014	Date of Injury:	09/07/2012
Decision Date:	04/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/30/2014

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 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 33-year-old female who reported an injury on 09/13/2012. The mechanism of injury was not provided. The progress report dated 11/26/2013 indicated that the injured worker had complaints of chronic low back pain with persistent pain. It was noted that the injured worker had completed 14 weeks of physical therapy with some relief; she was discharged from physical therapy since it was felt that physical therapy did not help the injured worker further. Upon examination, there was tenderness to palpation at L4-5 and the sacroiliac joint. The diagnoses provided were low back pain and sciatica. It was noted that chiropractic treatment was recommended at 2 times a week times 4 weeks. The progress report dated 01/13/2014 indicated that the injured worker had complaints of chronic low back pain and right sacroiliac joint pain. Upon examination, there was tenderness at the right sacroiliac joint and L4-5 with spasms. Range of motion was noted to be flexion of 60 degrees with pain and extension of 10 degrees with pain. The straight leg raise was negative. The diagnoses provided were lumbar spine strain, spasm and sacroiliac joint pain. It was noted that the injured worker had plateaued with therapy, and the physician continued to recommend chiropractic therapy 2 times a week times 4 weeks. It was recommended for the injured worker to continue running and stretching.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTOR MANIPULATION 2X4 (8 SESSIONS) TO LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 59-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58.

Decision rationale: The records submitted for review indicated that the injured worker had complaints of chronic low back pain and right sacroiliac joint pain. It was noted that the injured worker had tenderness to the right sacroiliac joint and L4-5 with spasms. It was noted that the range of motion was flexion at 60 degrees with pain and extension at 10 degrees with pain. The records provided for review indicated that the injured worker had been discharged from physical therapy since they felt that it would not help her any further. Furthermore, the records submitted for review failed to include documentation indicating if the injured worker had previously attended chiropractic therapy and documentation of objective measurable gains and functional improvement. As such, the request for chiropractic manipulation 2 times 4 (for 8 sessions) to the lumbar spine is not supported. Therefore, the request is non-certified.