

Case Number:	CM14-0013330		
Date Assigned:	04/09/2014	Date of Injury:	03/18/2013
Decision Date:	05/08/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 45-year-old male who reported an injury on 03/18/2013. The mechanism of injury was not provided. Current diagnoses include lumbosacral strain and lower back pain. The injured worker was evaluated on 12/30/2013. The injured worker was participating in chiropractic treatment as well as acupuncture. Physical examination revealed tenderness in bilateral paralumbar musculature, near full range of motion, 5/5 strength, and intact sensation. Treatment recommendations included an additional 8 sessions of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY TO THE LUMBAR SPINE, 2 TIMES A WEEK FOR 4 WEEKS: 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 Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation are recommended. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. The current request for 8 sessions of chiropractic therapy exceeds

guideline recommendations. There is also no evidence of objective functional improvement as a result of the ongoing treatment. The injured worker's physical examination did not reveal any significant musculoskeletal or neurological deficit. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.