

Case Number:	CM14-0018164		
Date Assigned:	04/16/2014	Date of Injury:	01/31/2013
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

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 Board Certified in Chiropractic Medicine, 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 patient is a 26-year-old male who injured his lower back on January 31, 2013, while rolling and lifting carpets weighing 50 pounds. Per Primary Treating Physician's Report patient complains of pain in the middle of low back which increases with bending, twisting and prolonged sitting. Patient has been treated with medications, acupuncture, aqua-therapy, physiotherapies, lumbar support belt, physical therapy and chiropractic care. Diagnoses assigned by the PTP are lumbar disc protrusion at L5/S1 and lumbosacral sprain/strain. MRI study of the lumbar spine has shown a 2 mm central focal disc protrusion that abuts the thecal sac and a 6.7 mm disc protrusion at L5/S1. NCV study has revealed findings consistent with L5/S1 radiculopathy. The PTP is requesting an initial trial of 12 chiropractic sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENTS, 2 TIMES A WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation, Page(s): 58-59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Manipulation Section.

Decision rationale: The patient has been evaluated by two chiropractic doctors but chiropractic treatment has not been rendered in the past, per the records provided. The Official Disability Guidelines recommends a trial of chiropractic care "six visits over two weeks." The twelve chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate on a first time trial basis. Therefore, the request for chiropractic treatments for the lumbar spine, two times weekly for six weeks, is medically necessary and appropriate.