

Case Number:	CM14-0110261		
Date Assigned:	09/19/2014	Date of Injury:	02/26/2014
Decision Date:	10/17/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine and 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:

This 44 year old patient had a date of injury on 2/26/2014. The mechanism of injury was not noted. In a progress noted dated 4/23/2014, the patient complains of aching discomfort in low back. The level of discomfort is 5/10, and she started her physical therapy regimen. On a physical exam dated 4/23/2014, hypomobile spinal areas noted in the following levels: C2, C5, T6, T10, L5 and sacrum. There is restricted spinal listings found with motion palpation and static palpation with using posterior to anterior pressure. The diagnostic impression shows cervical segmental dysfunction, headache tension, thoracic segmental dysfunction, sacroiliitis. Treatment to date: medication therapy, behavioral modification, physical therapy, chiropractic sessions. A UR decision dated 6/12/2014 denied the request for chiropractic request (start 3/13/2014 x3 and new 3 lumbar(6 total)retro and prospective, stating that that the 3 additional chiropractic visits are unnecessary, as the patient failed to return to work and the previous treatments are not documented to have been effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic request (start date 03/13/14 x 3 and new 3 lumbar (6 total) retro and prospective: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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

Decision rationale: CA MTUS does not address this issue. ODG recommend a trail of 6 visit over 2 weeks for chiropractic care for low back as an option. If manipulation has not resulted in functional improvement in 1st one to two weeks, then it should be stopped and reevaluated. In the documentation provided, there was no clear subjective or objective functional benefits from the previous 3 chiropractic manipulation therapy. Without documented improvement in the 1st one to two weeks, further sessions cannot be justified. Therefore, the request fro chiropractic request(start date 3/13/2014x3 and 3 new lumbar(6 total) retro and prospective was not medically necessary.