

Case Number:	CM14-0112607		
Date Assigned:	08/01/2014	Date of Injury:	01/10/2003
Decision Date:	09/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/18/2014

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 a Board Certified Chiropractor, 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 44-year-old female who reported injury on 01/10/2003. The mechanism of injury was not provided. Prior treatments included medication and a home exercise program. The documentation of 03/20/2014 revealed the injured worker had right-sided low back pain rated a 4/10 on the pain scale. The injured worker had increased pain in the low back region and more difficulty with activities for a few weeks prior to the examination. The injured worker was noted to be taking tramadol up to 6 times per day and Norco 10/325 once a day for severe pain. The physical examination revealed the injured worker had tenderness to palpation of the lumbar spine extending into the right paraspinal region. The range of motion of the lumbar spine was mildly limited. The diagnosis included chronic low back pain, moderate L4-5 right foraminal stenosis, and multilevel degenerative disc disease. The treatment plan included chiropractic care 2 times a week for 6 weeks for an acute flare up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x6, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The California MTUS Guidelines recommend manual therapy for chronic pain if it is caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement for a total of up to 18 visits. The clinical documentation submitted for review indicated that a request was made on behalf of the injured worker for the initial chiropractic sessions. This request would be supported for the initial 6 sessions. However, the request for 12 visits would be excessive without exceptional factors. Given the above, and the lack of documentation of exceptional factors, the request for chiropractic 2 times 6 lumbar is not medically necessary.