

Case Number:	CM14-0155754		
Date Assigned:	09/25/2014	Date of Injury:	05/05/2014
Decision Date:	10/27/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family Medicine and is licensed to practice in Ohio. 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 39-year-old female who sustained a back injury on May 5, 2014 while opening a heavy boiler door. She has been diagnosed with a sprain/strain of the lumbar and sacroiliac region. Her physical examination has revealed diminish lumbar range of motion, tenderness to palpation of the paraspinal musculature of the lumbar spine more so on the left than the right. She has been treated with anti-inflammatories, opioids, muscle relaxants, a TENS unit and chiropractic care. There have been subjective and objective signs of improvement. A comparison of the ranges of motion achievable with regard to lumbar spine between May 8, 2014 and June 25, 2014 shows improvement in flexion and extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional lumbar chiropractic sessions x 6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): <http://www.acoempracguides/> Low Back: Table 2, Summary of Recommendation, Low Back Disorder.

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, Manipulation

Decision rationale: The above guidelines call for a trial of chiropractic care of up to six visits for strains/sprains of the low back with an additional 12 visits if needed if evidence of functional improvement can be documented. In this instance, there has been improvement in subjective and objective parameters. Therefore, chiropractic sessions x 6 is medically necessary.