

Case Number:	CM14-0165086		
Date Assigned:	10/10/2014	Date of Injury:	05/23/2013
Decision Date:	11/10/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/07/2014

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 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:

According to the available medical records, this is a 45 year old female with chronic low back pain; date of injury is 05/23/2013. Previous treatments include medications, back braces, injections, physical therapy, chiropractic, and home exercise program. Progress report dated 06/02/2014 by the treating doctor revealed injured worker continued to have lower back pain with radiation to the right lower extremity. Physical exam noted lumbar flexion 50, extension 15, lateral bending 20 degrees bilaterally, rotation 30 right and 20 degrees on the left, neurologic exam is stable. Diagnoses include lumbar disc herniation L4-5, spontaneous fusion L1-2, and lumbosacral sprain with radicular symptoms. The injured worker's low back and radicular pain persists despite 6 chiropractic sessions. The injured worker continues to have pain in the lower lumbar region with radiculopathy in the lower extremity. The injured worker's symptoms thus far have failed to improve with conservative measures; lumbar epidural steroid injection is recommended. The injured worker returned to work full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

ChiroTherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: The claimant presents with ongoing low back pain that radiates down the right lower extremity. The available medical records showed the claimant has failed to improve with conservative treatments with medications, physical therapy, injections, home exercises, and most recently, 6 chiropractic visits. Based on the guidelines cited, there are no evidences of objective functional improvement with previous chiropractic treatments. Therefore, the request for additional chiropractic therapy is not medically necessary.