

Case Number:	CM14-0023663		
Date Assigned:	06/11/2014	Date of Injury:	04/08/2013
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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 licensed in Chiropractic 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 31 year old female who reported an injury on 04/08/2013 from an unknown mechanism of injury. The injured worker had a history of low back pain. Upon examination on 01/16/2014, the injured worker lumbar exam revealed VAS score of 5/10. Palpation revealed pain elicited over the left lumbar paraspinal muscles and left facet joint. Range of motion revealed full extension, 15 degrees extension, 15degree left lateral rotation and full right lateral rotation. The strength was equal bilaterally. The straight leg raise was negative bilateral. The axial rotation was positive to the left for pain. The injured worker had no diagnoses documented. The treatment received were chiropractic treatment, and medication. The medications were Relafen 750mg, Ultram 50mg, Vicodin 3mg/300mg, Voltaren XR 100mg, and Ibuprofen. The treatment plan is for additional chiropractic for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2X2 TO LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Treatment, Manual therapy and manipulation Page(s): 30, 58-59.

Decision rationale: The request for chiropractic 2x2 to low back is non-certified. The injured worker has a history of low back pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state the use of manual therapy and manipulation is 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The request is for 4 sessions of chiropractic therapy for the low back. The injured worker had chiropractic session for an unknown amount of sessions. The request could excess of the guidelines recommendations. In addition, there is a lack of documentation of any significant functional deficits or countable improvement on physical examination to warrant therapy at this time. As such, the request is not medically necessary.