

Case Number:	CM14-0027740		
Date Assigned:	06/13/2014	Date of Injury:	09/12/2012
Decision Date:	07/21/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/04/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 44-year-old male with a date of injury of 09/12/2012. The listed diagnosis is lumbosacral strain, rule out degenerative disk disease, herniated nucleus pulposus. According to Doctor's First Report by [REDACTED] from 01/28/2014, the patient presents for management of lumbago. Subjective findings reported "no pain." Objective findings noted negative straight leg raise and negative Ely's and Kemp's test. Active range of motion of the lumbar spine was noted to be within normal limits with slight discomfort with flexion. Request for authorization from 01/28/2014 requested chiropractic care for management of lumbago, 8 sessions over a 6-month period for the lumbar spine. Utilization review denied the request on 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTOR AS NEEDED (PRN), A TOTAL OF 8 SESSIONS OVER A 6 MONTH PERIOD, FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: This patient presents with chronic low back pain. The treater is requesting chiropractic sessions for the management of lumbago, a total of "8 sessions over a 6-month period." The MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total up to 18 visits over 6 to 8 weeks. In this case, review of the medical file does not indicate the patient has trialed chiropractic treatments. A short course of 6 visits over 2 weeks may be indicated. However, the treater's request for 8 sessions exceeds what is recommended by MTUS. The request is s not medically necessary