

Case Number:	CM14-0066759		
Date Assigned:	07/11/2014	Date of Injury:	10/18/2013
Decision Date:	08/21/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 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 24 year old female who injured her lower back on 10/18/2013 as she was aiding a patient to sit up by pulling her up. According to the primary treating physician (PTP) the subjective complaints are described as follows: The patient reports that her low back pain and stiffness is decreasing with chiropractic care. She explains that at times, she experiences low back pain with frequent radiating pain down her left anterior thigh and occasional radiating pain down her right posterior thigh. The patient has been treated with medications, physical therapy and chiropractic care. A pain management consultation has been approved and the patient is awaiting approval of epidural injections. The diagnoses assigned by the primary treating physician are lumbar sprain/strain and lumbar spine intervertebral disc (IVD) syndrome. An MRI study has revealed three levels of degenerative disc disease and disc protrusions from L3-4 to L5-S1. The patient is working and is on restricted duty. The PTP is requesting 6 additional chiropractic sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued chiropractic sessions (lumbar spine) 2x3: 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
Definitions Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines
(ODG) Low Back Chapter, Manipulation Section.

Decision rationale: The patient is a 24 year old female who injured her lower back on 10/18/2013 as she was aiding a patient to sit up by pulling her up. According to the primary treating physician (PTP) the subjective complaints are described as follows: The patient reports that her low back pain and stiffness is decreasing with chiropractic care. She explains that at times, she experiences low back pain with frequent radiating pain down her left anterior thigh and occasional radiating pain down her right posterior thigh. The patient has been treated with medications, physical therapy and chiropractic care. A pain management consultation has been approved and the patient is awaiting approval of epidural injections. The diagnoses assigned by the primary treating physician are lumbar sprain/strain and lumbar spine intervertebral disc (IVD) syndrome. An MRI study has revealed three levels of degenerative disc disease and disc protrusions from L3-4 to L5-S1. The patient is working and is on restricted duty. The PTP is requesting 6 additional chiropractic sessions to the lumbar spine.