

Case Number:	CM14-0069920		
Date Assigned:	07/14/2014	Date of Injury:	04/03/2014
Decision Date:	08/14/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/15/2014

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 a licensed Chiropractor 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 46-year-old female who reported an injury on 04/03/2013. The mechanism of injury was not provided. The diagnoses included lumbar sprain/strain and radiculopathy. Prior therapies included chiropractic care and an exercise program. Per the 11/06/2013 progress report, the injured worker reported moderate intermittent low back pain with no radicular pain. Objective findings included +3 myospasm in the right lumbar musculature. The provider requested 6 additional visits of deep tissue manipulation, ultrasound, interferential current, and chiropractic manipulation. Per the 04/14/2014 progress report, the injured worker reported a symptom flare up of her low back pain radiating to the bilateral sacral spine and into the gluteals. Objective findings included +4 myospasm in the paralumbar to sacrum. The provider requested 8 additional sessions of chiropractic care. The request for authorization form was submitted on 04/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic visits to lumbar QTY:8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Additional chiropractic visits to lumbar QTY: 8 is non-certified. The California MTUS Guidelines recommend manipulation for the low back as an option. The Guidelines state for recurrences or flare ups, treatment success should be re-evaluated. If return to work is achieved, then 1 to 2 visits every 4 to 6 months is recommended. The medical records provided indicate the injured worker completed prior chiropractic care for the lumbar spine. A symptom flare up was noted. There is a lack of documentation regarding the prior chiropractic care to verify the number of sessions completed and functional improvements made. In addition, the request for 8 additional sessions exceeds the Guideline recommendations of 1 to 2 visits for a flare up. Based on this information, additional chiropractic care is not supported. As such, the request for Additional chiropractic visits to lumbar QTY: 8 is non-certified.