

Case Number:	CM14-0073811		
Date Assigned:	07/16/2014	Date of Injury:	12/20/2005
Decision Date:	09/09/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/21/2014

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 New York. 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:

In review of a chiropractic examination report r dated 4/25/14, it was noted that the applicant presented with a significant flare up to the lower back. She has significant back pain which started to radiate up into her middle back and neck region. Pain was severe she went to the ER. She was evaluated and prescribed Morphine and other medication which provided temporary relief. Examination revealed decreased lumbar ranges of motion in flexion and extension. Straight Leg Raise was positive bilaterally at 80 degrees for lower back pain. There was no indication of any radicular findings or complaints. Muscle testing of the right hamstring was rated a +4/5 and there was moderate pain in lumbar paraspinal and gluteal musculature rated +3. A diagnosis was given as: lumbosacral sprain/strain, chronic and lumbar intervertebral disk syndrome. Chiropractic treatment was requested for an additional 3 visits. Prior treatment was indicated as being helpful previously. In a utilization report dated 5/14/14, the reviewer determined the proposed four sessions of chiropractic treatment was not medically necessary and not sanctioned within the CA MTUS Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation: Recurrences/flare-ups. The reviewer noted the employee has already exceeded the period for the natural history of soft tissue resolution in a period of 2-8 weeks. There were no objective barriers that have been identified which would have prevented the natural resolution of this injury within the past 8 + years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Chiropractic treatment times four (4) visits 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 --8.C.C.R 9792.20-9792.26 Manual Therapy & Manipulation-Low Back Page(s): 58-60.

Decision rationale: The applicant was a 35 year old female who sustained an industrial related injury that occurred on December 20, 2005 while employed by [REDACTED]. The applicant was lifting and placing boxes of merchandise weighing approximately 15-20 lbs. into stocking carts and she re-injured her low back. In review of a chiropractic examination report dated 4/25/14, it was noted that the applicant presented with a significant flare up to the lower back. The medical records lack evidence of any prior chiropractic treatment results. Although, the 4/25/14 noted that she has a history of responding well to treatment there was no documentation of specific treatment success, documented functional improvement with the use of chiropractic manipulation. There was no indication if the applicant was working. As per the CA MTUS Chronic Pain Medical Treatment Guidelines-Manual Therapy & Manipulation-Low Back. The guidelines indicate for recurrences/flare-ups-Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The request for 4 chiropractic treatments to the lumbar spine is not medically necessary or appropriate.