

Case Number:	CM14-0087094		
Date Assigned:	07/23/2014	Date of Injury:	01/10/2013
Decision Date:	09/25/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/10/2014

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 Family Medicine 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 injured worker is a 39 year old female whose date of injury is 01/10/13. On this date the injured worker attempted to sit in a chair which broke and she fell down, aggravating her low back pain. Diagnoses are lumbosacral musculoligamentous sprain/strain with radiculitis, rule out lumbosacral spine discogenic disease and sleep disturbance secondary to pain. Evaluation dated 10/23/13 indicates that the injured worker is working regular duty. The injured worker underwent an extensive course of physical therapy. Note dated 01/30/14 indicates that the injured worker complains of radiating pain in the lower back. There is grade 3 tenderness to palpation over the lumbar paraspinals. There is restricted range of motion and straight leg raising is positive bilaterally. Note dated 03/06/14 indicates that pain is rated as 6/10 visual analog scale. There is grade 2 tenderness to palpation. Note dated 05/15/14 indicates that chiropractic treatment helps decrease the injured worker's pain. A trial of 6 visits of chiropractic treatment was authorized on 05/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with chiropractic therapy to lumbar spine times 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The number of chiropractic visits completed to date is not documented. The injured worker's objective functional response to most recent chiropractic treatment is not documented to establish efficacy of treatment and support additional sessions. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. California Medical Treatment Utilization Schedule guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. Therefore, based on the clinical information provided, the request for evaluation and treatment with chiropractic therapy to lumbar spine x 12 is not recommended as medically necessary.