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| Case Number: | CM14-0090650 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 09/03/2013 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 06/04/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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 North Carolina. 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 32-year-old with a reported date of injury of 09/03/2013. The patient has the diagnoses of lumbar sprain/strain and back muscle spasms. The only documentation provided for review outside of the utilization review is dated 09/03/2013. At this time the patient had complaints of low back pain rated a 7/10 that occurred when lifting and object and standing upright. The physical exam noted thoracolumbar spasm with a normal gait, sensory exam, range of motion and negative bilateral straight leg raises tests. The treatment plan recommendations included injection and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions Lumbar Spine 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

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

Decision rationale: Manual manipulation is recommended form of treatment for chronic pain. However the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2

weeks and documented evidence of functional improvement before continuation of therapy. The request is for 8 sessions. This does not meet criteria guidelines therefore; the request is not medically necessary and appropriate.