

Case Number:	CM14-0094007		
Date Assigned:	09/10/2014	Date of Injury:	01/11/2010
Decision Date:	11/07/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/20/2014

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 Chiropractic 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:

According to the available medical records, this is a 23 year old female with chronic low back pain, date of injury is 06/26/2013. Previous treatments include medications, physical therapy, epidural injections, and home exercises program. Progress report dated 05/01/2014 by the treating doctor revealed patient complains of low back pain radiating to the posterior aspect of both thighs, sensation of instability in the legs when her symptoms are at their worst, she underwent L4-5 epidural injection on 02/08/2014 with 30% improvement in her symptoms for a few days, previous physical therapy worsened her symptoms. Physical exam revealed no gait disturbance, she can toe walk and heel walk, good ROM of the lumbar spine, knees and ankles reflexes are 1+, sensation is grossly intact, straight leg raise bilateral at 30 degrees cause nerves irritation. The patient is on modified duty but it is not available to her through her work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Service 2 Times A Week For 3 Weeks For Lower Back: 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 Page(s): 58-59.

Decision rationale: The claimant presents with ongoing low back pain despite previous treatments with medications, physical therapy, epidural injection and home exercises. Reviewed of the available medical records showed the request is for chiropractic treatments 2x a week for 6 weeks, totaled of 12 treatments for the lower back. There was no history of previous chiropractic treatments available to the claimant, therefore, a partial certification of 6 visits has been authorized by UR dated 05/21/2014. Based on the guidelines, without evidence of objective functional improvement documented with the initial 6 chiropractic visits, the Chiropractic visits in dispute are not medically necessary.