

Case Number:	CM14-0138405		
Date Assigned:	09/05/2014	Date of Injury:	11/11/2011
Decision Date:	01/30/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/26/2014

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 Practice 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 51 year old female with a reported injury dated 11/11/2011. The submitted documentation did not include past clinical history. Diagnosis includes lumbar spine sprain and strain, left lower extremity radiculopathy secondary to disc herniation. The treating physician's progress notes dated 07/31/2014 states the injured worker was being treated for post permanent and stationary due to flare-up in the lumbar spine symptoms secondary to disc herniation. The injured worker reported pain was at baseline rate of 2/10 and at 5-8/10 during flair up, which was stated as mildly worsened. On examination the she had difficulty rising from sitting and moved with stiffness. Tenderness to palpation over the lumbar, lumbosacral, and sacral spine and there was pain in all direction of the lumbar range of motion. Medications were prescribed, Norco, Naproxen, and Lidoderm patch. The request is for six chiropractic sessions for acute flare-up which was denied in a Utilization Review dated 08/18/2014 because there was a notation in the physician's progress note of previous chiropractic care without documentation of length of time, number of visits, or progress notes to support the medical necessity. CA MTUS Chronic Pain Guidelines were utilized in the decision making.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six chiropractic sessions for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

Decision rationale: According to the guidelines, manual therapy / chiropractor sessions is recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case, the claimant had completed prior sessions of chiropractor therapy. The session notes are not provided to indicate response to treatment. The amount of treatment completed is unknown. The request above is therefore not medically necessary.