

Case Number:	CM14-0165478		
Date Assigned:	10/10/2014	Date of Injury:	07/06/2011
Decision Date:	01/20/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/07/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 39-year-old female with a date of injury of 07/06/2011. According to progress report 06/03/2014, the patient presents with continued neck and low back pain. Examination of the lumbosacral spine revealed tenderness to palpation with muscle guarding over the lumbar paravertebral musculature, left greater than right. Right-sided seat and supine straight leg raising tests elicit complaints of increased low back pain and pain extending into the right buttock and posterior thigh. Range of motion was decreased, and there was antalgic shift to the left with lumbar flexion. The listed diagnoses are: 1) Neck strain/sprain, 2) Lumbar sprain/strain. The request is for chiropractic visits x8 for the lumbar spine. Utilization review denied the request on 09/22/2014. Treatment reports from 02/12/2013 through 10/14/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits x8 lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Page(s): 58-59.

Decision rationale: This injured worker presents with chronic neck and low back pain. The current request is for chiropractic visits x 8 for the lumbar spine. For manual therapy, the MTUS Guidelines page 58 recommends an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total up to 18 visits over 6 to 8 weeks. The medical file does not include the number of completed treatments to date or the objective response to treatment. The utilization review states that "the claimant has had prior treatment without objective documentation." In this case, the treating physician has not provided functional improvement as required by MTUS for additional sessions. Labor Code 9792.20(e) defines functional improvement as significant improvement in ADLs or reduction in work restrictions and decreased dependence on medical treatment. The request for 8 chiropractic treatments is not medically necessary.