

Case Number:	CM14-0185674		
Date Assigned:	11/13/2014	Date of Injury:	02/25/2011
Decision Date:	01/30/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/07/2014

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 licensed in Chiropractor (DC), has a subspecialty in Medical Acupuncture and is licensed to practice in Ohio. 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:

Injured worker is a 30 year old female with a work related injury with a DOI 2/25/11. Working diagnosis is lumbar and thoracic sprain strain with lumbar disc displacement. Previous treatment has included trigger point and facet injections, and medications including Norco and Soma. PR-2 dated 9/30/14 notes that patient continues to have low back and mid back pain on right lumbar paraspinal musculature. There is slight limitation of range of motion over her thoraco lumbar as well as lumbosacral segments. This is not quantified. Straight leg raise is negative. UR decision of 10/27/14 notes request is non-certified due to unknown prior sessions of Chiropractic care, no documentation of new injury or aggravation since the DOI, lack of progressive deficits, and the possibility of exceeding MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2x6 weeks (12 sessions) Lumbar area: 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: MTUS recommends a trial of 6 visits over two weeks with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. The PR-2 of 9/30/14 notes that the claimant has had success with chiropractic in the past but has provided no evidence of objective functional improvement from previous chiropractic treatment. The request of 12 visits also exceeds MTUS recommendations of a trial of 6 visits over two weeks. Due to the request exceeding MTUS recommendations and the lack of objective functional improvement from previous treatment the request for chiropractic treatment 2 times a week for 6 weeks (12 visits) is not medically necessary.