

Case Number:	CM14-0193764		
Date Assigned:	12/01/2014	Date of Injury:	03/28/2014
Decision Date:	02/25/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 55-year-old female with a date of injury of 3/28/2014. According to the report dated 9/10/2014, the patient complained of constant pain in the lumbar spine. The pain was rated at 7/10. The pain was described as sharp, shooting, throbbing, and radiating. There was noted numbness in the legs. Significant objective findings include diffused tenderness in the lumbar spine with muscle spasms, decreased range of motion, no weakness in the lower extremity muscles, and straight leg raise bilaterally at 80 degrees. The patient was diagnosed with lumbosacral sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Chiro Treatment 8 visits to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-60.

Decision rationale: The Chronic Pain Medical Treatment guideline recommends manipulation for chronic pain. It recommends a trial of 6 visits over 2 weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. The patient was authorized 6 visits out of the 8-requested chiropractic sessions. There was no documentation of functional improvement from the 6 authorized chiropractic sessions. Additional chiropractic sessions beyond 6 initial visits are recommended with documentation of functional improvement. Therefore, the provider's request for a trial of 8 chiropractic sessions is not medically necessary at this time.