

Case Number:	CM14-0196870		
Date Assigned:	12/04/2014	Date of Injury:	02/26/2014
Decision Date:	01/22/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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 Chiropractor (DC), has a subspecialty in Acupuncture 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:

This 45 year old female sustained a work related injury on 2/26/2014. According to the Utilization Review, the mechanism of injury was reported to be injury from patient transfer/lift from a chair to standing position. The current diagnosis is lumbar muscle strain. According to the progress report dated 10/22/2014, the injured workers chief complaints were low back pain. She reports a 60% improvement since the date of injury. Additionally, she reports intermittent pain in the lumbosacral junction area, which occasionally radiates to left buttocks. According to notes, she does not take medication and she does perform home back exercises. The physical examination of the lumbar spine revealed lumbosacral junction tenderness. Range of motion is 90 degrees with flexion and 25 degrees with extension with some pain but no increased pain with facet loading. On this date, the treating physician prescribed 4 additional chiropractic care sessions to the lumbar spine, which is now under review. The chiropractic care was prescribed specifically for core stabilization exercises. The injured worker was previously treated with chiropractic from 7/29/2014 to 10/6/2014. When chiropractic care was prescribed work status was full duty with no limitations or restrictions. On 11/7/2014, Utilization Review had denied a prescription for 4 additional chiropractic care sessions to the lumbar spine. The chiropractic care of the lumbar spine was non-certified based on minimal residual functional deficits in the lower back to support continuing manipulation. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment lumbar spine 2 x 2: 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 Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has had prior chiropractic treatments. Provider requested additional 4 chiropractic sessions for lumbar spine. Per medical notes dated 11/19/14, patient has reached maximal medical improvement and the condition is permanent and stationary. Patient has returned to full work duty and is release from care with no need for continuing or future treatment. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled chiropractic intervention. Per review of evidence and guidelines, 2x2 Chiropractic visits are not medically necessary.