

Case Number:	CM14-0199473		
Date Assigned:	12/09/2014	Date of Injury:	04/28/2006
Decision Date:	01/28/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/26/2014

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 Chiropractor (DC) 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 52 year old female who injured her lower back on 04/28/2006 while performing his usual and customary duties as a transportation employee. The PTP reports that the patient complains of "lower back pain and right lower extremity pain. Patient rates the pain as 8/10 with 0 being no pain and 10 having the worst pain possible. The pain is characterized as stabbing and throbbing. Patient describes her pain as moderate-severe. Condition is associated with numbness and tingling." The patient has been treated with medications, aqua therapy, physical therapy and epidural injections. The patient is permanent and stationary and has been released to modified duty per the PTP's progress report. The diagnoses assigned by the PTP are sprains and strains of lumbar region and thoracic or lumbosacral neuritis or radiculitis. There are no diagnostic imaging studies in the records provided. The PTP is requesting a trail run of 8 sessions of chiropractic care to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Treatments for the Lumbar Spine as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguides.org/> Shoulder; Table 2, Summary of Recommendations, Shoulder Disorders

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section.

Decision rationale: This patient suffers from a chronic injury to her lower back. The absence of prior chiropractic treatment indicates that the patient has not received any chiropractic care in the past. The MTUS Chronic Pain Medical Treatment Guidelines and MTUS ODG Low Back Chapter recommends a trial of manipulative therapy, 6 sessions over 2 weeks. Given that there has been no evidence of past chiropractic care and as indicated by MTUS I find that the request for an initial trial of 8 chiropractic sessions to the lumbar spine to be medically necessary and appropriate.