

Case Number:	CM15-0000321		
Date Assigned:	01/09/2015	Date of Injury:	03/28/2012
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/31/2014

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

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 injured worker is a 40 year old female, who sustained an industrial injury on 03/28/2012. She had reported worsening central low back pain, bilateral posterior leg pain, left lateral leg radiating to the foot and toes. The diagnoses have included lumbosacral sprain/strain, subluxation of sacrum, lumbar neuritis/radiculitis, lumbar disc, and myalgia/myofibrositis. Treatment to date has included medications and physical therapy, chiropractic therapy. Currently, the IW complains of 8/10 and 9/10 pain level that is constant and worsening. The treating provider reported she was unable to finish the chiropractic sessions due to illness and had been experiencing improvement from the prior sessions. Without the therapy the injured worker returned to baseline. The provider noted decreased range of motion with tenderness and muscle spasms. On 12/23/2014 Utilization Review non-certified a 7 Chiropractic session for the lumbar spine, noting the MTUS Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 Chiropractic Sessions, Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding ma.

Decision rationale: The medical necessity for the requested 7 chiropractic treatments was established. The claimant was authorized 10 sessions of chiropractic treatment but was only able to complete 3 before she fell ill with the flu. When the claimant returned to her provider on 11/19/2014 she noted that when she called to reschedule her additional appointments that she was told to call the insurance company and that "she was noticing some improvements with her treatments." The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Given the fact the claimant noted improvement as a result of the initial 3 treatments, the requested 7 additional treatments considered medically necessary, appropriate, and consistent with MTUS guidelines.