

Case Number:	CM15-0001153		
Date Assigned:	01/12/2015	Date of Injury:	05/16/2008
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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:

This injured worker is a 62 year old female who sustained an industrial injury on May 16, 2008. The mechanism of injury was a head-on motor vehicle accident. The injured worker sustained a left orbital fracture, right clavicular fracture, bilateral foot fractures and an ankle dislocation on the left, fractures of the spinal processes in the lumbar spine, cervical strain and bruising of the knees. The injured worker underwent surgery to the left orbit and bilateral foot surgeries at the time of the accident. Diagnoses include cervical and lumbar degenerative changes, continued myofascial pain of the cervical and lumbar spine, bilateral ankle fusions and status post left orbital fracture repair. Treatment to date has included medication management and multiple surgeries. The current documentation dated December 3, 2014 notes that the injured worker presented with back and leg pain. Physical examination of the cervical spine revealed full range of motion. Bilateral knee examination showed generalized tenderness. Bilateral ankle examination showed decreased range of motion and sensation was noted to be intact. On January 5, 2015 the injured worker submitted an application for IMR for review of chiropractic treatments, two times a week for four weeks for the lumbar spine as an outpatient. On December 18, 2014 Utilization Review evaluated and non-certified the request for the eight chiropractic visits for the lumbar spine. The MTUS, Chronic Pain Medical Treatment Guidelines were cited in the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x 4 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with leg and low back pain on 12/03/2014. There is no previous conservative treatment records available. Review of the available medical records showed her low back injury had permanent and stationary since August 2014. There is no document of recent flare-up. The medical report did not revealed any functional deficits in the lumbar spine, and the request for 8 chiropractic visits also exceeded MTUS guidelines recommendation for initial trial of 6 visits over 2 weeks for low back pain. Therefore, the request for 8 chiropractic therapy for the lumbar spine is not medically necessary.