

Case Number:	CM15-0001982		
Date Assigned:	01/13/2015	Date of Injury:	05/07/2012
Decision Date:	03/13/2015	UR Denial Date:	12/12/2014
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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old female who reported injury on 05/07/2012. The mechanism of injury was not provided. Prior therapies included chiropractic care. The documentation of 11/26/2014 revealed the injured worker was currently working. The examination of the lumbar spine revealed tenderness in the midline with limited flexion and extension due to pain. The injured worker had hypertonic paraspinal musculature. The straight leg raise was positive in the bilateral lower extremities. The injured worker's medications were noted to include Motrin, Prilosec, and Ultram. The injured worker had subjective complaints of lumbar spine pain. The diagnoses included thoracic sprain and strain, cervical spine sprain and strain, and a 3 mm disc herniation at L5-S1 per the MRI of 06/18/2014. The treatment plan included the injured worker had significant improvement with chiropractic care for the lumbar spine, and the request was made for additional chiropractic care 2 times a week for 6 weeks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic care 12 sessions 2 times a week for 6 weeks for the lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 173, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 59.

Decision rationale: The California Medical Treatment Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare ups requires a need for re-evaluation of prior treatment success. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. The clinical documentation submitted for review indicated the injured worker had previously undergone therapy. There was a lack of documentation of the quantity of sessions previously attended. There was a lack of documentation supporting the manipulation had improved the injured worker's function, decreased pain, and improved her quality of life. Given the above, the request for Additional chiropractic care 12 sessions 2 times a week for 6 weeks for the lumbar spine is not medically necessary.