

Case Number:	CM15-0002213		
Date Assigned:	01/13/2015	Date of Injury:	12/13/2012
Decision Date:	03/12/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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, Oriental Medicine

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 27 year old male, who sustained an industrial injury on 12/13/12. He has reported low back pain. The diagnoses have included lumbago, unilateral or unspecified inguinal hernia without obstruction and sprain lumbar region. Treatment to date has included physical therapy, medications and lumbar surgery. (MRI) magnetic resonance imaging dated 7/24/14 revealed no significant interval change in previously described disc pathology at L3-L4 and L5-S1 and compared with prior (MRI) magnetic resonance imaging of 8/12/13 interval lumbar spine surgery was noted. Currently, the IW complains of low back pain radiating down right leg. Physical exam on 10/31/14 revealed pain with lumbar range of motion and normal sensory and motor exam of lower extremities. He states his low back pain has improved with physical therapy. On 12/30/14 Utilization Review non-certified 8 chiropractic sessions, noting 8 sessions exceed the recommendations of trial of 6 visits over 2 weeks. The MTUS, ACOEM Guidelines, was cited. On 1/6/15, the injured worker submitted an application for IMR for review of 8 chiropractic sessions for 1 month for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 8 sessions for one month for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Therapeutic Care

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has not had prior chiropractic treatments. Provider requested initial trial of 8 chiropractic treatment for the lumbar spine which was non-certified by the utilization review. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Chiropractic visits are not medically necessary.