

Case Number:	CM15-0004464		
Date Assigned:	01/15/2015	Date of Injury:	03/10/2014
Decision Date:	03/16/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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:

The injured worker is a 43-year-old female, with a reported date of injury of 03/10/2014. The diagnoses include sacroiliac ligament sprain/strain, low back pain, and muscle spasms. Treatments have included chiropractic therapy, physical therapy, anti-inflammatory medication, and topical pain cream. The progress report dated 11/24/2014 indicates that the injured worker had low back pain with less radiation into the buttocks and thigh. It was noted that there was overall improvement with care. The objective findings included decreased flexion at 60 degrees; decreased extension at 25 degrees; tight quadratus lumborum and piriformis; and pain on restricted extension at facets. The treating physician requested eight (8) additional chiropractic visits to allow a return to full-duty by the next re-evaluation, and the goals were to increase lifting capacity, to increase function, and to decrease pain. There was no documentation of the total number of chiropractic visits the injured worker completed. On 12/09/2014, Utilization Review modified the request for outpatient additional physical therapy to the lumbar spine two (2) times a week for four (4) weeks, noting the recommendation of a trial of six (6) chiropractic treatments. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional chiropractic therapy to the lumbar spine two times a week for four weeks: Upheld

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

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 ongoing low back pain that radiated into the buttocks and thigh. Previous treatments include medications, topical pain cream, physical therapy, chiropractic, and home exercises. Reviewed of the available medical records showed she has 8 chiropractic visits in August 2014, another 8 visits in November 2014 with some improvement in ROM and ADL's function. However, based on the guidelines cited, the request for additional 8 chiropractic treatments would exceeded the guidelines recommendation. Therefore, it is not medically necessary.