

Case Number:	CM15-0102087		
Date Assigned:	06/04/2015	Date of Injury:	03/24/2014
Decision Date:	07/09/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 28 year old male, who sustained an industrial injury on March 24, 2014. He reported a lumbar region injury. The injured worker was diagnosed as having lumbar sprain/strain. Diagnostic studies were not included in the provided medical records. Treatment to date has included topical pain, muscle relaxant, and non-steroidal anti-inflammatory medications. On April 16, 2014, the injured worker complains of constant dull, non-radiating back pain, which is moderately severe. The physical exam revealed a normal gait and posture, tenderness of the lumbar paravertebral muscles, normal deep tendon reflexes and sensation of the bilateral lower extremities, and negative straight leg raise testing. The requested treatments are 12 sessions of chiropractic care for the lumbar spine and 12 sessions of physiotherapy 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 care, 3x4 weeks of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The injured worker sustained a work related injury on March 24, 2014. The medical records provided indicate the diagnosis of lumbar sprain/strain. Treatments have included topical pain, muscle relaxant, and non-steroidal anti-inflammatory medications. The medical records provided for review do not indicate a medical necessity for Chiropractic care, 3x4 weeks of the lumbar spine. According to the utilization reviewer, the injured worker has not had this treatment for this injury before. The MTUS recommends Chiropractic care of Low back as an option. The guidelines recommends 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. Elective/maintenance care is not medically necessary. Recurrences/flare-ups, Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months.

Physiotherapy 3x4 weeks of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on March 24, 2014. The medical records provided indicate the diagnosis of lumbar sprain/strain. Treatments have included topical pain, muscle relaxant, and non-steroidal anti-inflammatory medications. The request for review do not for Physiotherapy 3x4 weeks of the lumbar spine is not medically necessary. The MTUS recommends a fading treatment frequency (from up to 3 visits per week to 1 or less), for a total of 10 plus active self-directed home Physical Medicine.