

Case Number:	CM15-0106083		
Date Assigned:	06/10/2015	Date of Injury:	03/29/2014
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/02/2015

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, Minnesota
 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 37 year old male, who sustained an industrial injury on 03/29/2014. He reported that he was carrying a heavy table, slipped on the floor and tried to catch himself. He did not fall but felt a pop in his back and severe pain. According to an initial consultation dated 04/27/2015, the injured worker complained of low back pain. Pain was rated 4 on a scale of 1-10. The lowest pain was about 4 and the highest pain could be 8-9. Pain was described as sharp and constant, burning pain in his back with radiation up to his thoracic spine. Any activities aggravated his pain. Staying in bed and lying flat made pain better. Physical therapy did not help. He had 6 sessions of acupuncture with no benefit. Assessment included lumbar strain and sprain. Ibuprofen was discontinued. The provider recommended Naproxen twice a day with Omeprazole. The provider noted that the injured worker would be an excellent candidate for topical cream and Dendracin cream to address axial back pain and muscle spasm. The provider requested 6 sessions of chiropractor treatment for low back pain and tenderness and muscle spasm of his lumbar spine and a TENS unit trial for 30 days. The injured worker remained on modified duty. Currently under review is the request for chiropractic 6 sessions 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 6 sessions for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 6 chiropractic sessions for the lumbar spine. This request for treatment is within the above guidelines and therefore the treatment is medically necessary and appropriate. In order to receive further treatment after these sessions, the doctor must show evidence of objective functional improvement from the initial 6 treatments.