

Case Number:	CM15-0107881		
Date Assigned:	06/12/2015	Date of Injury:	10/08/2007
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/03/2015

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 53 year old female who sustained an industrial injury on October 8, 2007. She has reported low back pain and has been diagnosed with sprain/strain lumbosacral region and contusion to the back, buttock. Treatment has included injection, chiropractic care, TENS unit, medications, medical imaging, and physical therapy. The back examination noted normal inspection. There was no thoracic or lumbar spine or paraspinal tenderness, no spasm, and a negative straight leg raise. Back extension was at 15 degrees. She flexed to touch her knees and bilateral rotation was at 60 degrees. MRI of the lumbar spine dated December 28, 2007 revealed indeterminate sub centimeter bone marrow signal focus within the L3 vertebral body. Clinical coordination is recommended. Small disc bulges, L2-3 and L4-5, not resulting in significant spinal stenosis. Mild L4-5 foraminal narrowing left greater than right. The treatment request included 6 sessions of chiropractic therapy 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 therapy x 6 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination dated 5/15/15 denied the request for Chiropractic care, 6 sessions to the patient lumbar spine citing CAMTUS Chronic Treatment Guidelines. The reviewed medical reports failed to document functional deficits on examination that proposed/requested Chiropractic care, 6 sessions would benefit leading to functional improvement. The reviewed records failed to establish the medical necessity for manipulation to the patient's lower back, 6 sessions or comply with treatment prerequisites of the CAMTUS Chronic Treatment Guidelines.