

Case Number:	CM15-0132342		
Date Assigned:	07/20/2015	Date of Injury:	04/11/2013
Decision Date:	08/21/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/08/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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(n) 37-year-old female, who sustained an industrial injury on 4/11/13. She reported injury to her lower back after lifting a heavy object. The injured worker was diagnosed as having chronic lower back pain, lumbosacral strain and failed lumbar surgery syndrome. Treatment to date has included an EMG-NCS on 1/12/15 showing left fibular neuropathy, a L4-L5 discectomy in 9/2014, a lumbar MRI on 5/17/13, physical therapy in 2013, Gabapentin, Flexeril, Tramadol, Celebrex and Cymbalta. As of the PR2 dated 6/5/15, the injured worker reports 7-8/10 pain in her lower back. Objective findings include lumbosacral flexion 20 degrees, extension 0 degrees and weakness in the bilateral dorsiflexors and the EHL. The treating physician requested chiropractic manipulation in conjunction with physical therapy to lumbar 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation in conjunction with physical therapy to lumbar 2 times a week for 4 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 and Manipulation Page(s): 58.

Decision rationale: MTUS 2009 recommends up to six session of chiropractic care initially to treat chronic lower back pain. If there is objective functional improvement, additional chiropractic care can be considered. The claimant received 6 of the 8 sessions requested and did not demonstrate any objective functional improvement with the initial trial. The medical records state that improvement did not occur since the injury is chronic. However, MTUS 2009 refers to the treatment of chronic injuries. This request for a total of 8 sessions of chiropractic care is not medically necessary.