

Case Number:	CM15-0138773		
Date Assigned:	07/28/2015	Date of Injury:	11/04/2014
Decision Date:	08/25/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 44 year old male who sustained an industrial injury on 11/4/14 while loading a pickup truck. He developed an acute onset of back pain. He was medically evaluated and given pain medication. He received therapy with benefit. He currently complains of pain in the low back shooting into both legs. On physical exam there was slight tenderness to palpation of the lumbar spine with decreased range of motion, positive straight leg raise on the right, sitting. Medications were omeprazole, Medrol dose pack. Diagnoses include lumbar strain; back pain; muscle spasm. Treatments to date include medication (steroid taper); physical therapy with benefit. Diagnostics include MRI of the lumbar spine (11/7/14) showing mild spondylosis, disc protrusion. On 6/8/15 the treating provider requested chiropractic therapy to the thoracic, lumbar spine, two times per week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy thoracic, lumbar 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Chiropractic therapy thoracic, lumbar 2 times a week for 3 weeks is not medically necessary per the MTUS Guidelines. The MTUS states that a trial of 6 visits over 2 weeks is appropriate and with evidence of objective functional improvement a patient may have a total of up to 18 visits over 6-8 weeks. The documentation is not clear on exactly how many prior chiropractic visits the patient has had. It appears that at least 6 visits were certified on 3/24/15. Without clear evidence of outcome/efficacy or this prior chiropractic therapy additional sessions cannot be certified as medically necessary.