

Case Number:	CM15-0141581		
Date Assigned:	07/31/2015	Date of Injury:	09/17/2014
Decision Date:	09/08/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/21/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old female sustained an industrial injury to the low back on 9-17-14. Magnetic resonance imaging lumbar spine L5-S1 disc degeneration with disc bulge at L4-5. Previous treatment included physical therapy, acupuncture, heat, ice packs and medications. In a PR-2 dated 6-10-15, the injured worker complained of severe back pain. Physical exam was remarkable for tenderness to palpation at the L4-5 and L5-S1 midline with mild spasms and decreased lumbar flexion and extension. The physician noted that the injured worker was in a significant amount of pain. Current diagnoses included lumbar spine sprain and strain. The physician noted that acupuncture treatment had been tried with no help. The physician also stated that if the injured worker did not want to consider surgical fusion, she should be declared permanent and stationary. The treatment plan included requesting authorization for chiropractic therapy twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2x4 for the lumbar spine: 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): 58-59.

Decision rationale: The claimant presented with chronic low back pain despite previous treatments with medications, acupuncture, and physical therapy. Reviewed of the available medical records showed no records of prior chiropractic treatment. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks, the request for 8 visits exceeded the guidelines recommendation. Therefore, without demonstrating objective functional improvements with the trial visits first, the request for 8 visits is not medically necessary.