

Case Number:	CM15-0143226		
Date Assigned:	08/17/2015	Date of Injury:	09/07/2014
Decision Date:	09/22/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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:

The injured worker is a 37-year-old female, who sustained an industrial injury on 9-7-14. The diagnoses have included lumbar spine pain, lumbar spine stenosis, lumbar spine radiculopathy, lumbar Herniated Nucleus Pulposus (HNP), thoracic strain, and sciatica. Treatment to date has included medications, activity modifications, diagnostics, chiropractic, and other modalities. Currently, as per the physician follow up orthopedic evaluation note dated 6-23-15, the injured worker complains of constant pain in the thoracic and lumbar spine with related stiffness and muscle spasms. She also notes numbness in the thoracic spine as well. However, following chiropractic therapy, she reports that her symptoms become temporarily alleviated. There are no previous diagnostic reports included and there is no previous chiropractic sessions noted in the records. The objective findings-physical exam reveals that the lumbar spine has right side tenderness to palpation with associated myospasms. There is also restricted lumbar range of motion noted as well. The physician noted that the injured worker reports that previous attending chiropractic therapy with 90 percent relief for a few days to her lumbar and thoracic spine complaints when the therapy was performed consistently. Work status is full duty with no restrictions. The physician requested treatment included 8 chiropractic treatments for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic treatments for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation.

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

Decision rationale: Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. Low back: recommended as an option. Therapeutic care - trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The claimant presented with chronic low back pain. Reviewed of the available medical records showed previous treatments include medications and chiropractic. However, total number of chiropractic visits completed is unknown, and there is no document of objective functional improvement. The claimant reported temporary improvement with prior chiropractic care, however, subjective complaints and objective findings remained the same. Based on the guidelines cited, the request for additional 8-chiropractic treatment is not medically necessary.