

Case Number:	CM15-0143555		
Date Assigned:	08/04/2015	Date of Injury:	02/03/2014
Decision Date:	09/01/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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, Minnesota
 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 42 year old female, who sustained an industrial injury on 2-03-2014, while employed as a driver, resulting from cumulative trauma. She reported a pulling sensation in her lower back while reaching for a hose. The injured worker was diagnosed as having cervical-thoracic-lumbar-bilateral shoulder sprain-strain and anxiety. Treatment to date has included diagnostics, physical therapy, chiropractic, interferential unit, and medications. Currently, the injured worker complains of neck pain, upper and lower back pain, bilateral shoulder pain, and numbness of her right finger. Pain was not rated. It was documented that she received 3 sessions of chiropractic to date, although the progress note dated 1-23-2015 noted that 8 sessions of chiropractic were completed. Additional chiropractic sessions were authorized since 1-23-2015. Medication use included Ketoprofen. The treatment plan included continued chiropractic for the lumbar spine, 1x4. Work status remained total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic once a week for four weeks for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The documentation notes that the patient has received 8 completed chiropractic sessions. The doctor has requested 4 more chiropractic sessions or 1x4 for the lumbar spine. The request for treatment is within the above guidelines (18 visits), and therefore the treatment is medically necessary and appropriate. The doctor must document objective functional improvement with his next report in order for the patient to receive more treatment.