

Case Number:	CM15-0146719		
Date Assigned:	08/07/2015	Date of Injury:	11/17/2014
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/28/2015

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, Oriental 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 was a 32 year old female, who sustained an industrial injury, November 17, 2014. The injury was sustained when the injured worker was carrying a child to wash their hands. The injured worker then was placing the child on the floor when the injured worker felt a pull in the back. The injured worker previously received the following treatments left shoulder x-rays, thoracic spine x-rays, cervical spine x-rays, physical therapy, Voltaren, Prilosec and home exercise program. The injured worker was diagnosed with left sacroilitis and lumbar sprain and or strain. According to progress note of February 25, 2015, the injured worker's chief complaint was constant low back pain. The injured worker rated the pain at 7 out of 10 and increased to 10 out of 10 when aggravated. The injured worker was experiencing constipation and bloating from the medications. The physical exam noted no tenderness with palpation of the lumbar spine or sciatic notch. The straight leg raises were negative bilaterally. The FABER test was positive on the left side. The left S1 compression test was positive. The left S1 joint shear test was positive. The treatment plan included 6 chiropractic sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 6 visits for low back: 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 and manipulation Page(s): 58-60.

Decision rationale: The patient complained of constant low back pain. The MTUS guidelines recommend manual therapy and manipulation for chronic pain. It recommends an initial visit of 6 sessions over two weeks and with evidence of objective functional improvement, a total of up to 18 visits is recommended. Records indicate that the patient received prior chiropractic treatments. However, there was no documentation of functional improvement from prior chiropractic session. Therefore, the provider's request for 6 chiropractic sessions for the low back is not medically necessary at this time.