

Case Number:	CM15-0149492		
Date Assigned:	08/12/2015	Date of Injury:	08/10/2006
Decision Date:	09/10/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	08/03/2015

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 53 year old female, who sustained an industrial injury on 8-10-06. She has reported initial complaints of low back pain after squatting down to pick up a box that weighed 26 pounds. The diagnoses have included low back pain radiating to the bilateral lower extremities, lumbar strain and sprain, headaches and sleep disturbance. Treatment to date has included medications, diagnostics, physical therapy and chiropractic. Currently, as per the physician progress note that is dated 6-26-15, the injured worker complains of continued low back pain that increases with sitting. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine, X-ray of the lumbar spine and electromyography (EMG)-nerve conduction velocity studies (NCV) of the bilateral lower extremities. The current medications included Cymbalta, Neurontin and Norco. The objective findings reveal that the lumbar spine has tenderness to palpation over the paravertebral muscles, bilateral sciatic notches, and positive straight leg raise bilaterally and decreased sensory is noted over the bilateral L5 -S1 dermatomes. She reports muscle spasm, sore muscles and numbness. Work status is modified with restriction on 6-26-15. The previous physical therapy and chiropractic sessions were not noted. The physician requested treatment included Chiropractic 1 time per week for 6 weeks lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 time per week for 6 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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 doctor has requested chiropractic 1 time per week for 6 weeks to the lumbar spine. According to the documentation, the patient has received 5 chiropractic sessions followed by 8 chiropractic sessions for a total of 13 at some point in time. 6 more visits as requested would be a total 19 visits which is not according to the above guidelines. If this is an initial request for treatment for a new flare-up for 1x6, this request is not according to the above guidelines (3x2). Therefore, the requested treatment is not medically necessary and appropriate.