

Case Number:	CM15-0166160		
Date Assigned:	09/03/2015	Date of Injury:	08/28/2013
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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:

This is a 31-year-old female who sustained an industrial injury on 08-28-2013. Diagnoses include chronic axial low back pain; left L5 radiculopathy; and concomitant shoulder and myofascial pain. Treatment to date has included medication, chiropractic treatment, physical therapy, acupuncture, TENS unit and aquatic therapy. According to the progress notes dated 7-30-2015, the IW (injured worker) reported ongoing low back pain with radiation down the left lower extremity. The pain flared-up for three days and was improved with TENS unit, ice and heat. She rated her average pain 3 to 4 out of 10 with sitting longer than 20 to 30 minutes. On examination, her gait was non-antalgic. Patellar, Achilles and medial hamstring reflexes were 1. Muscle strength in the lower extremities was 5 out of 5. Trigger points were noted in the gluteus medius muscles. Lumbar range of motion was limited secondary to pain in forward flexion to 60 degrees; extension was to neutral. A request was made for chiropractic twice a week for three weeks for the sacrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 3 weeks, sacrum: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

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 (to include Sacrum) 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 2 times per week for 3 weeks or 6 visits. The requested treatment (6 visits) is according to the guidelines (6 visits) above and therefore the treatment is medically necessary.