

Case Number:	CM15-0166767		
Date Assigned:	09/04/2015	Date of Injury:	04/14/2015
Decision Date:	10/20/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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: Chiropractic

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 28 year old female sustained an industrial injury on 4-14-15. The injured worker is being treated for sprain of the lumbar region and left knee sprain and strain. Treatments to date include MRI testing, modified work duty, an undetermined amount of physical therapy and chiropractic care and prescription pain medications. The injured worker has continued complaints of low back and bilateral knee pain. The pain has affected the injured worker's activity level, the treating physician's progress note states that pain meds help with the pain but give no objective pain scale range. Upon examination, tenderness and limited range of motion was noted in the lumbar spine. Straight leg raising was positive on the left. McMurray's was positive in the left knee. Pain rating is recently reported an 8 out of a scale of 10. A request for initial chiropractic treatments with chiropractic supervised physiotherapy for lumbar spine, 12 sessions, 2 x 6 was made by the treating physician. The UR department modified the request and approved 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments with chiro supervised physiotherapy for lumbar spine, 12 sessions, 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

Decision rationale: The patient has not received chiropractic care for her lumbar spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of 6 chiropractic care sessions over 2 weeks. The UR department has reviewed the request and approved 6 initial sessions with 3 sessions of supervised physiotherapy. I find that the 12 initial chiropractic sessions requested to the lumbar spine is not medically necessary and appropriate.