

Case Number:	CM15-0184343		
Date Assigned:	09/24/2015	Date of Injury:	11/08/2014
Decision Date:	11/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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:

The injured worker is a 21 year old female, who sustained an industrial injury on 11-8-2014. The medical records indicate that the injured worker is undergoing treatment for chronic back pain. According to the progress report dated 8-13-2015, the injured worker presented with complaints of low back pain. She describes her pain as sharp, burning, and aching. On a subjective pain scale, she rates her pain 4-5 out of 10. The physical examination of the lumbar spine reveals paraspinal muscle tenderness with spasm, full and painless forward flexion, normal lumbar lordosis, and negative straight leg raise test. The current medications are Ibuprofen, Tylenol #3, and Flexeril. Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, physical therapy (helped), pool therapy (without relief), and TENS unit. Work status is described as modified duty. The original utilization review (8-18-2015) had non-certified a request for an initial trial of 6 chiropractic sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation once a week for 6 weeks to the lumbar spine: Overturned

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 chiropractic care over 2 weeks. The patient has not received chiropractic care in the past and a trial of 6 sessions is warranted per the MTUS and ODG. I find that the 6 initial chiropractic sessions requested to the lumbar spine is medically necessary.