

Case Number:	CM15-0186627		
Date Assigned:	09/28/2015	Date of Injury:	03/11/2015
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/22/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 is a 37 year old female with an industrial injury date of 03-11-2015. Medical record review indicates she is being treated for lumbar muscle strain. Subjective complaints (08-26-2015) included left lower back pain with tightness at left lower back radiating into the buttocks "at times." The pain was described as worse in the morning and with prolonged sitting. The treating physician noted the injured worker had "improved" lower back pain with chiropractic treatments but was challenged by a change in work schedule, "now sitting in traffic greater than 1 hour each way." Medical record review does not indicate a numeric pain rating. In the treatment note dated 07-22-2015 the treating physician noted: "No Ibuprofen times 1 week thanks to chiro treatments." Work status is documented as "full work" (08-26-2015). Prior treatment included 16 physical therapy sessions. "Her left knee and right hand symptoms resolved. She continued to experience pain in her back." The injured worker had also been receiving chiropractic treatments and noted it was "helping her low back symptoms." Her medication was Ibuprofen. Physical exam (08-26-2015) revealed 1 plus tenderness to palpation at the left lumbar paraspinal and sacroiliac region. Faber's test was positive on the left. Lower extremity motor strength is documented as 5 out of 5, sensation was intact to light touch at lower extremities bilaterally, tone was within normal limits and gait was casual. The treatment plan was for TENS unit for home use and additional chiropractic visits for myofascial release. The number of previous chiropractic visits is not indicated in the records. Diagnostic tests included MRI of lumbar spine (04-29-2015) read by the radiologist as: "Unremarkable MRI scan of the lumbar spine." MRI of the right hip (04-29-2015) was read by the radiologist as: "Unremarkable MRI of the right hip." The requested treatment is for chiropractic for the low back, once weekly for four weeks. On 09-06-2015 the request for chiropractic for the low back, once weekly for four weeks was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the low back, once weekly for four weeks: 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 rationale: Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect; 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case the patient has had prior chiropractic treatment. There is no documentation of improvement, but there is no documentation of objective evidence of functional improvement. In addition there is no documentation of the number of prior treatments. The lack of documentation does not allow determination of necessity. The request should not be authorized.