

Case Number:	CM15-0187668		
Date Assigned:	09/29/2015	Date of Injury:	10/18/2013
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/23/2015

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: Family Practice

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 49-year-old female with a date of industrial injury 10-18-2013. The medical records indicated the injured worker (IW) was treated for cervical spine musculoligamentous sprain-strain; lumbar spine and left sacroiliac joint musculoligamentous sprain. In the Doctor's First Report of Occupational Injury or Illness on 7-16-15, the IW reported constant low back pain and stiffness, rated 7 or 8 out of 10. The objective findings (7-16-15) included tenderness and muscle guarding over the lumbar paravertebral musculature and over the left sacroiliac joint. Lumbar range of motion was 43 degrees of flexion, 11 degrees of extension, 13 degrees right side bending and 9 degrees left side bending. Sacroiliac joint stress test on the left was positive, as was Patrick's test. Lower extremity reflexes were 1+ bilaterally. The IW was temporarily totally disabled. No previous treatments were documented. The treatment plan included a short course of chiropractic therapy to correct the sacroiliac dysfunction. A Request for Authorization dated 7-16-15 was received for chiropractic manipulative therapy twice per week for six weeks. The Utilization Review on 8-31-15 modified the request for chiropractic manipulative therapy twice per week for six weeks to allow a trial of six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulative therapy 2 times a week for 6 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: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of chiropractic therapy. In general, for the low back, chiropractic therapy is recommended. However, there are specific guidelines as to the number of sessions allowed initially and the evidence required to continue therapy. For the treatment of low back conditions there should be a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case, the initial request was for 12 visits. In the Utilization Review process, the request was modified to allow for a trial of 6 visits; which is consistent with the above cited guidelines. Further treatment beyond these 6 sessions will require evidence of objective functional improvement. The request is not medically necessary.