

Case Number:	CM15-0205537		
Date Assigned:	10/22/2015	Date of Injury:	01/13/2015
Decision Date:	12/11/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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: 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 1-13-15. The injured worker was diagnosed as having lumbar sprain and lumbar radiculitis. Subjective findings (9-4-15) indicated 7 out of 10 pain in the right knee and lower back pain that radiates to the right lower extremity. Objective findings (7-31-15, 9-4-15) revealed a positive straight leg raise test and tenderness to palpation in the lumbar spine. Lumbar range of motion was 45 degrees of flexion, 15 degrees of extension and 15 degrees of lateral bending bilaterally. As of the PR2 dated 9-11-15, the injured worker reports moderate throbbing low back pain, stiffness and cramping. She noted the pain radiates to the right lower extremity. Objective findings include lumbar flexion is 45 degrees, extension is 15 degrees and lateral bending is 20 degrees bilaterally. There are also muscle spasms and a positive straight leg raise test on the right. Treatment to date has included chiropractic treatments x 12 sessions, a lumbar MRI on 8-18-15 showing bilateral neural foraminal narrowing at L2-L5, Flexeril and Diclofenac. The Utilization Review dated 10-14-15, non-certified the request for chiropractic sessions 3 x weekly for 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 3x week x6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic low back pain and knee pain. According to the available medical records, the claimant has recently completed 12 chiropractic visits with some improvement in lumbar range of motion. Although evidences based MTUS guidelines might recommend up to 18 chiropractic visits over 6-8 weeks if there are evidences of objective functional improvements, this claimant has completed 12 visits to date and the request for additional 18 visits exceeded MTUS guidelines recommendation. Therefore, it is not medically necessary.