

Case Number:	CM15-0206411		
Date Assigned:	10/23/2015	Date of Injury:	05/23/2015
Decision Date:	12/09/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

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 42 year old female who sustained an industrial injury on 5-23-15. The injured worker reported back pain. A review of the medical records indicates that the injured worker is undergoing treatments for thoracic and lumbar strain sprain. Provider documentation dated 10-1-15 noted the work status as modified work. Treatment has included chiropractic treatments, physical therapy, acupuncture treatment, radiographic studies, Lidoderm patches, and magnetic resonance imaging. Objective findings dated 10-1-15 were notable for low back with stiffness and decreased range of motion, negative straight leg testing bilaterally. The original utilization review (9-28-15) partially approved a request for spinal adjustments, myofascial stretch & release, traction, rehabilitative exercise therapy, 3 times per week for 4 weeks, lumbar spine. The partial approval is for 6 initial sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal adjustments, myofascial stretch & release, traction, rehabilitative exercise therapy, 3 times per week for 4 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine.

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 sessions of chiropractic care to the lumbar spine over 2 weeks. The 12 requested sessions far exceed this recommendation. The UR department has reviewed the request and approved 6 initial sessions. I find that the 12 initial chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.