

Case Number:	CM15-0027820		
Date Assigned:	02/20/2015	Date of Injury:	09/20/2012
Decision Date:	04/06/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/13/2015

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 33 year old female who sustained a work related injury on September 20, 2012, while working as a police officer. She complained of low back pain from wearing a heavy equipment belt and sitting prolonged times in a car. Treatment included physical therapy and medications. She was diagnosed with lumbar spine musculoligamentous sprain/strain with bilateral sacroiliac joint sprain with bilateral lower extremity radiculitis. Currently, the injured worker complained of ongoing lower back pain and stiffness with numbness and tingling extending down into the lower extremities. On February 3, 2015, a request for Chiropractic Manipulative therapy of the lumbar spine, two times per week for four weeks equaling eight sessions, was modified from eight visits of Chiropractic Therapy to six visits of chiropractic therapy to the lumbar spine by Utilization Review, noting the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation therapy, lumbar spine 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care Not medically necessary. Recurrences/ flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months
Page(s): 58-59.

Decision rationale: The claimant presented with chronic low back pain. Previous treatments include medications and physical therapy. While evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, the request for 8 visits exceeded the guidelines recommendation. Furthermore, there is no concurrent therapeutic exercise program prescribed. Based on the guidelines cited, the request for 8 chiropractic manipulation therapy is not medically necessary.