MAXIMUS Federal Services

Case Number:	CM15-0215333		
Date Assigned:	11/05/2015	Date of Injury:	10/13/2010
Decision Date:	12/23/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/02/2015

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 39 year old female who sustained an industrial injury on October 13, 2010.Of note, the worker had been previously deemed as permanent and stationary February 05, 2015. The worker is being treated for: lower backache, spondylosis without myelopathy or radiculopathy, and dorsalgia. Subjective: October 15, 2015 she reported a lower backache rated a two intensity out of ten with use of medication and "8" intensity without medication. Her quality of sleep is noted as poor. She is not currently working. Objective: October 15, 2015 noted lumbar spine with restricted ROM limited flexion to 65 degrees, limited extension to 15 degrees and bilateral rotation limited to 50 degrees. Upon palpation paravertebral muscles with tenderness and tight muscle band noted bilaterally; she's unable to heel toe walk. SLR noted positive bilaterally in supine position. There is also note of SI spine tenderness and right knee tender over lateral and medial joint line. Sensory examination found light touch sensation decreased over lateral thigh on the left. Diagnostic: UDS April 2014 did not detect Vicodin she reported having run out. Medication: September 17, 2015: reported medications are less effective. October 15, 2015: Lidoderm patch, Norco, Zanaflex, and Ursodiol. She is found allergic to Tetracaine. Failed medications: Celebrex cause GI upset. Treatment: DME lumbar support brace, DME neoprene knee sleeve, medications, working on core strengthening and exercises, activity modification, hot and cold therapy, September 17, 2015 POC noted "current pain regimen remains effective." On October 19, 2015 a request was made for 6 chiropractic sessions treating the low back that was noncertified by Utilization Review on October 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the low back qty: 6: 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. Previous treatments include medications, bracings, and exercises. According to the available medical records, the claimant had 3-4 chiropractic treatments previously with benefits. However, there are no treatment records, and objective functional improvements are not documented. Current progress report did not document any recent flare-ups either. Based on the guidelines cited, the request for 6 chiropractic treatments for the low back is not medically necessary.