

Case Number:	CM15-0215939		
Date Assigned:	11/05/2015	Date of Injury:	10/26/2014
Decision Date:	12/16/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/03/2015

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, Minnesota

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 40 year old female with an industrial injury dated 10-26-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine and thoracic strain. According to the progress note dated 08-20-2015, the injured worker reported left-sided low back pain frequently extending down to the right posterior calf and left hip area. Pain level was 3 out of 10 on visual analog scale (VAS). Objective findings (08-20-2015) revealed full lumbar range of motion with pain during flexion. Bilateral hip exam revealed full bilateral hip range of motion with pain during left hip internal rotation. Left sacroiliac (SI) joint compression, left Gillet and Gaenslen's tests were all positive. Tender left lumbar paraspinal muscle to palpitation and tender left piriformis were also noted on exam. Treatment has included MRI of lower extremity and lumbar spine on 09-09-2015, left hip x-ray, pelvic x-ray, prescribed medications, 15 physical therapy, 15 chiropractic treatments and periodic follow up visits. According to 08-20-2015 report, the injured worker was on modified duty. The utilization review dated 10-20-2015, modified the request for chiropractic 3 sessions lumbar and left lower extremity (original: 6 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 6 sessions lumbar and LLE: Overturned

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: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested chiropractic 6 sessions to the lumbar spine and LLE. The request for treatment (6 visits) is within the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate. In order for the patient to receive more treatment, the doctor must document objective functional improvement from these 6 approved visits.