

Case Number:	CM15-0060986		
Date Assigned:	04/07/2015	Date of Injury:	11/06/2014
Decision Date:	07/28/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/31/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 44 year old male with an industrial injury dated 11/06/2014. The mechanism of injury is documented as occurring when he was pulling a pallet that weighed about 550 pounds. His diagnoses included sprain/strain - lumbar, lumbago and lumbar pain. Prior treatment included chiropractic treatments, back brace and medications. He presents on 02/18/2015 for follow up of lumbar spine. The injured worker states he is doing a little better with chiropractic treatments and has had 5 sessions so far. He would like to try more treatments. Objective findings noted improved low back pain on range of motion with chiropractic treatments. Lumbar range of motion was still limited. Straight leg raising was limited. Treatment plan included additional chiropractic two times three. The provider documents functional improvement is noted with prior chiropractic sessions. Other treatments included Anaprox, Flexeril, and Dendracin analgesic gel. The request is for additional chiropractic therapy 2 times a week for 3 weeks for the lumbar spine - quantity of 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Therapy 2 times a week for 3 weeks for the lumbar spine lumbar spine, Qty : 6: 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 & manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation: "Recommended for chronic pain if caused by musculoskeletal conditions. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion". Based on the patient's records, there is no documented as to why the patient's condition could not be addressed with home exercise program. In addition, prior chiropractic sessions (at least 5 sessions) have been completed without significant functional improvement. Therefore, the request for additional chiropractic therapy 2 times a week for 3 weeks for the lumbar spine lumbar spine is not medically necessary.