

Case Number:	CM15-0083913		
Date Assigned:	05/06/2015	Date of Injury:	12/27/2000
Decision Date:	06/05/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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:

This 53-year-old female sustained an industrial injury to the back on 12/27/00. In a PR-2 dated 2/18/15, the injured worker presented with insidious onset of 8/10 left lumbar pain and stiffness. The injured worker's last visit was 8/28/13. In a PR-2 dated 3/18/15, the injured worker returned with a flare up of thoracolumbar pain after waking on the stomach. The injured worker rated her pain 8/10 on the visual analog scale. The injured worker stated that she had presented to the office after home treatment had failed. Physical exam was remarkable for limited thoracolumbar range of motion, paraspinal musculature spasms with positive Kemp's, Lewin's and Milgram's tests and positive straight leg raise. Current diagnoses included thoracic spine sprain/strain, lumbar spine sprain/strain and lumbar facet syndrome/muscle spasms. The treatment plan included four (4) chiropractic sessions to include CMT, heat/ice, mechanical traction, interferential therapy and trigger/point/myofascial release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) chiropractic sessions to include CMT, heat/ice, mechanical traction, interferential therapy and trigger/point/myofascial release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 146-147, 300, Chronic Pain Treatment Guidelines Manual therapy &

manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic: Physical Methods).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

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. Prior to this recent flare-up around 3/18/15, the last chiropractic visit was on 8/28/13. For this flare-up, the doctor is requesting 4 chiropractic sessions to include CMT, heat/ice, mechanical traction, and EMS and myofascial release without giving a time frame period. 4 chiropractic sessions is well within the above guidelines for the first 2 weeks and therefore the treatment is medically necessary and appropriate. For further treatment the doctor needs to submit documentation that reveals evidence of objective functional improvement as per above guidelines.