

Case Number:	CM15-0088713		
Date Assigned:	05/12/2015	Date of Injury:	07/11/2003
Decision Date:	06/12/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 7/11/2003. She reported injury working as a police detective. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar musculo-ligamentous sprain, lumbar disc protrusion and sacral radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, 32 sessions of chiropractic care, injections and medication management. In a progress note dated 4/14/2015, the injured worker complains of mid and low back pain shooting down the right foot. The treating physician is requesting 8 additional chiropractic treatments to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic treatments for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p58 Page(s): 68.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2003 and continued to be treated for back pain radiating into the right foot. When seen, she was participating in therapy one-two times per week. Medications and therapy were helping with pain with improvement of strength. The claimant was noted to be working full-time. Physical examination findings included low back pain with straight leg raising and right posterior superior iliac spine and sciatic notch tenderness. The claimant has had therapy in the past. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of additional treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.