

Case Number:	CM15-0089585		
Date Assigned:	05/13/2015	Date of Injury:	08/28/2013
Decision Date:	06/23/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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, Oriental 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 41 year old female, who sustained an industrial injury on 8/28/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar sprain/strain. Treatment to date has included magnetic resonance imaging of the lumbar spine, lumbar x-rays, epidural steroid injection, unspecified chiropractic, urine toxicology and medications. Currently, the injured worker complains of intermittent and moderate low back pain, associated with sitting, standing, and walking. Relief was noted with medication. Current medications included Naproxen and Protonix. Exam of the lumbar spine noted no change from previous visit. Range of motion was decreased and tenderness to palpation of the L5-S1 area and paravertebrals, along with positive Kemp's test, were noted. The treatment plan included chiropractic and acupuncture, 2 x 6, to the lumbar spine, continued medications, and magnetic resonance imaging of the lumbar spine. Work status was modified with restrictions and it was not documented if she was currently working. The progress report, dated 12/11/2014, noted that she was not working due to unavailable modified work. It was also documented that significant back and leg pain continued, despite a year of non-operative care, including medical, chiropractic, medications, and epidural steroid injection. She was returned to full duty at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x wk X 6 wks Lumbar Spine #12: 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 4/15/15 denied the request for 12 Chiropractic visits citing CA MTUS Chronic Treatment Guidelines. The reviewed medical records did not provided the medical necessity to exceed CA MTUS Chronic Treatment Guidelines that recommend 1-2 visits for 2 weeks as an initial trial versus the 12 requested. The medical necessity for care as requested did not comply with CA MTUS Chronic Treatment Guidelines. Therefore, the requested treatment is not medically necessary.