MAXIMUS Federal Services

Case Number:	CM14-0116180		
Date Assigned:	08/04/2014	Date of Injury:	08/13/2013
Decision Date:	12/19/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is a licensed Chiropractor, has a subspecialty in Chiropractic Sports Physician and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35 year old female injured worker suffered an industrial accident on 8/13/2013 by attempting to catch a box that came off the conveyor belt so as to avoid the box hitting a coworker. At the time the injured worker reported she felt a "pop" in the lumbar spine area and proceeded to get medical attention. Initially it was thought to be a lumbar strain. The provider documented as a result there was left sided lumbar radiculopathy with the left leg pain worse than the right. The current diagnoses included lumbar disc bulge and facet arthropathy. The treatments included physical therapy, acupuncture, TENS unit, chiropractic therapy and medications. The injured worker reported on 5/12/2014 that after 18 sessions of chiropractic therapy there was increase in ability to sit, and walk increased range of motion and decrease in pain for activities of daily living. The UR decision to non- certify 6 additional chiropractic session was due to lack of objective positive response of increase in range of motion, increased strength, and increase in functional activity tolerance.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Chiropractic Visits Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): Pages 58-59.

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

Decision rationale: The MTUS Chronic Pain Guidelines State that low back chiropractic manipulation is recommended as an option for Therapeutic care trial of 6 visits over 2 weeks and with evidence of objective improvement, a total of up to 18 visits over 6-8 weeks. According to the records 18 visits have already been administered to the patient and no more are available for this flare-up. Therefore the treatment is not medically necessary.