

Case Number:	CM14-0084993		
Date Assigned:	07/30/2014	Date of Injury:	04/07/2013
Decision Date:	10/08/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/06/2014

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 licensed in Chiropractic 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:

This male patient injured his lower back on 4/7/2013 while performing his duties as an auto service technician. The patient sustained his injuries as a result of a slip and fall incident. The chief complaints are reported by the PTP as follows: "He is doing a lot worse. He has sharp pain in the low back and it radiates down both lower extremities. Pain scale is a 10. The pain is constant. Pain gets worse with standing and bending down." The patient has been treated with medications and an epidural injection has been recommended but not performed per the records provided. The diagnoses assigned by the PTP are L4-5 disc herniation and L4-5 spondylolisthesis, grade 2. There are no MRI studies or other diagnostic imaging studies available in the records provided. The PTP is requesting an initial trial of 12 sessions of chiropractic care to the lumbar spine. The UR department has authorized 6 sessions and denied 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2X Week X 6 Weeks Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section

Decision rationale: In this case the patient has not received any prior chiropractic care. MTUS ODG Low Back Chapter recommend a trial of 6 sessions of chiropractic care be rendered over 2 weeks. This was discussed by the UR reviewer with the requesting physician. The MTUS Guidelines were followed and a trial of 6 sessions of chiropractic care was approved. I find that the 12 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate as a trial of 6 sessions has been approved.