

Case Number:	CM13-0060940		
Date Assigned:	12/30/2013	Date of Injury:	11/24/2012
Decision Date:	09/24/2015	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	12/04/2013

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:

The injured worker is a 42 year old female, who sustained an industrial injury on 11-24-2012. The mechanism of injury was repetitive lifting. The injured worker was diagnosed as having lumbar strain, lumbar radiculopathy and lumbar facet arthropathy with disc bulge. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 9-30-2013, the injured worker complains of low back pain rated 9 out of 10. Pain was noted to travel to both legs with swelling, numbness and leg pain. Physical examination showed decreased lumbar range of motion with spasm. The treating physician is requesting Eight (8) Additional chiropractic-physiotherapy-spinal decompression and core strengthening sessions for the lumbar spine, 2x a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Additional chiropractic/physiotherapy/spinal decompression and core strengthening sessions for the lumbar spine, 2x a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Section: Low Back.

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. The doctor has requested 8 additional chiropractic/physiotherapy/spinal decompression and core strengthening sessions for the lumbar spine, at 2x a week for 4 weeks. The requested treatment (8 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate. Also there does not seem to be any documented objective functional improvement that the patient has responded positively to prior chiropractic care. In fact, the patient is being referred to an orthopedic surgeon would suggest that the patient is not responding well to chiropractic care. (In the future it would be wise to separate spinal decompression from the other requests.) This request is not medically necessary.