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| Case Number: | CM14-0198342 | | |
| Date Assigned: | 12/08/2014 | Date of Injury: | 06/14/2014 |
| Decision Date: | 06/24/2015 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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. 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 25-year-old female, who sustained an industrial injury on 6/14/14. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar radiculopathy; lumbar sprain/strain; anxiety and depression. Treatment to date has included lumbar brace; physical therapy (6 sessions); chiropractic therapy (8 sessions); medications. Diagnostics included x-rays lumbar spine (6/16/14). Currently, the PR-2 notes dated 10/16/14 indicated the injured worker complains of intermittent moderate sharp low back pain and stiffness with numbness and tingling in both legs/toes rated at 6/10. It is also notes she suffers from depression, anxiety and irritability. On physical examination, the provider notes tenderness to palpation of the bilateral sacroiliac joints, lumbar paravertebral muscles and spinous processes. There are muscle spasms of the lumbar paravertebral muscles; straight leg raise causes pain bilaterally, Lasegue's cause's pain bilaterally at 65 degrees. There is a decrease in range of motion in the lumbosacral area by 20% on all planes of motion with pain on flexion and extension and right rotation. The provider has waiting on a pain management consultation report; requesting a psych evaluation and modified her work activities. He has also requested additional chiropractic therapy 2 x wk x 4 wks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2XWK x 4WKS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58/59.

Decision rationale: The 10/27/14 UR determination denying additional Chiropractic care 2 x 4 to the patient's lower back cited CAMTUS Chronic Treatment Guidelines. The medical records reviewed failed to outline what functional gains were provided to the patient prior to the date of the additional request for care. The records failed to establish the medical necessity for additional care or comply with referenced CAMTUS Chronic Treatment Guidelines.