

Case Number:	CM14-0215268		
Date Assigned:	01/02/2015	Date of Injury:	07/02/2006
Decision Date:	02/20/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/23/2014

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:

██████████ a 47 year old female Clerk was lifting a bucket of water while at work on 07/02/2006 and sustained an injury. Remains P&S. The carrier has accepted the lumbosacral spine. On 12/11/14 ██████████ submitted an RFA requesting 8 Chiropractic visits to manage a reported flare of lower back pain following sitting on the couch; VAS 8/10. Examination findings included positive SLR, decreased lumbar ROM, diminished reflexes. Diagnosis: lumbar segmental dysfunction; lumbar sprain strain. Plan: 2x4 manipulation. Past medical history: diagnostics: 2/23/13 CT lumbar spine with evidence of a 4 mm left paracentral disc protrusion L-4/5. A Utilization Review was completed on 12/19/14 modifying the request for 8 Chiropractic visits to 6 visits consistent with MTUS-Chronic Pain; Manual therapy & manipulation- pg 58-60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/PT Qty: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS-Chronic Pain; Manual therapy & manipulation- pg 58-60 Page(s): 58-60.

Decision rationale: The reviewed medical records support the opinion of [REDACTED] that this 47 year old female sustained a recent exacerbation necessitating Chiropractic care. The objective findings of ROM loss, diminished reflexes and positive orthopedic testing are consistent with deficits associated with chronic lumbosacral sprain strain. The patient's presentation would not constitute clinical basis to exceed treatment recommendations for flare/exacerbation management per CA MTUS Chronic Treatment Guidelines which recommend 6 sessions of manual therapy versus the 8 requested. Therefore the request is not medically necessary.