

Case Number:	CM14-0217034		
Date Assigned:	01/06/2015	Date of Injury:	08/31/2009
Decision Date:	03/06/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/29/2014

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

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 fifty-three year old female who sustained a work-related injury on August 31, 2009. A request for twelve (12) chiropractic treatments for the lumbar spine was non-certified by Utilization Review (UR) on December 11, 2014. The UR physician utilized the California (CA) Chronic Pain Medical Treatment Guidelines in the determination. The guidelines recommended that manual therapy be used for chronic musculoskeletal conditions. For low back pain, a trial of six (6) visits over 2 weeks is recommended and up to eighteen (18) visits may be indicated if there is evidence of functional improvement. Chiropractic treatment for maintenance care is not indicated. The UR physician found that the injured worker had twenty (20) prior chiropractic sessions for symptoms however the submitted documentation did not demonstrate functional improvement required to warrant further chiropractic treatment. A request for Independent Medical Review (IMR) was initiated on December 23, 2014. The clinical documentation submitted for IMR revealed that on 11/18/2014 the injured worker reported constant pain in the low back. The pain was characterized as sharp pain and there was radiation of pain more in the right side of the lower extremities. The injured worker indicated the pain was a 7 on a ten-point scale. Upon examination, the evaluating physician noted palpable paravertebral muscle tenderness with spasm. The injured worker reported tingling and numbness in the posterior leg and lateral foot. The physician continued the injured worker's medications and requested authorization for twelve sessions of chiropractic therapy. On September 9, 2014, the injured worker reported constant low back pain. She had palpable paravertebral muscle tenderness with spasm and reported her pain an 8 on a ten-point scale. The evaluating physician

continued her medications and requested twelve sessions of chiropractic therapy. The documentation reveals that the injured worker was prescribed chiropractic therapy in December, 2013. The documentation provided for review did not reveal specific functional gains and benefit to the injured worker related to her prior chiropractic therapy. Other treatment provided included physical therapy, steroid injections and pain medications. An MRI of the lumbar spine revealed dextroscoliosis and posterior disc protrusion at the L4-L5 and L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic treatments for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely.

Decision rationale: The claimant presented with chronic low back pain. Previous treatments include medications, injections, physical therapy, and chiropractic. According to the available medical record, previous chiropractic treatments did not showed objective functional improvement, and the request for 12 chiropractic treatments exceeded the guidelines recommendation for flares-up. Based on the guidelines cited, the requested treatment of 12 chiropractic visits for lumbar spine is not medically necessary.