

Case Number:	CM15-0003823		
Date Assigned:	01/14/2015	Date of Injury:	09/13/2013
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/08/2015

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:

This 52 year old female suffered an industrial injury on 9/30/13 with subsequent ongoing low back pain. The injured worker was diagnosed with lumbar strain. Magnetic resonance imaging of the lumbar spine (12/20/13) showed mild degenerative disc disease at L4-5 and L5-S1 without significant herniation or spinal stenosis. Treatment included medications, epidural injections, physical therapy and chiropractic therapy. Documentation failed to disclose objective evidence of functional improvement following previous physical therapy or chiropractic therapy. In a progress note dated 9/17/14 the injured worker complained of pain 10/10 on the visual analog scale to the low back, mid back and upper back with occasional radiation to bilateral lower extremities. The injured worker reported that the pain had increased since a recent sacroiliac joint injection. Physical exam was remarkable for tenderness to palpation to the entire lumbar spine, as well as pain with flexion and extension. Gait was non-antalgic. Sensory exam was normal throughout. Current diagnoses included lumbar spondylosis and sprain and strain of lumbosacral. On 12/17/14, Utilization Review non-certified a request for chiropractic lumbar spine noting no documentation of previous response to chiropractic therapy and CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with chronic low back pain from an industrial injury on 09/30/2013. Previous treatments include medications, injection, physical therapy, and chiropractic. There is no previous chiropractic treatment records available and therefore, chiropractic treatment outcomes remained unknown. It is noted that the claimant has reached permanent and stationary status, she is at maximum medical improvement per QME report dated 10/20/2014. There is no document of recent flare-up. Therefore the request for chiropractic treatment on 12/15/2014 is not medically necessary.