

Case Number:	CM15-0009257		
Date Assigned:	01/27/2015	Date of Injury:	09/12/2008
Decision Date:	03/23/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/15/2015

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, 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 33 year old female, who sustained a work/ industrial injury due to a fall on 9/12/08. She has reported symptoms of back discomfort rated as a 9/10 without medication. The diagnosis has included unspecified backache. Medications included: Norco, Silenor, Flexeril, Lidoderm 5% topical patch, Ibuprofen, Insulin, Metformin, Metoprolol ER, Trazodone, and Lisinopril. Diagnostics included an x-ray of the lumbar spine on 1/9/09 that was essentially negative. An Magnetic Resonance Imaging (MRI) of the lumbar spine on 9/1/09 noted L5-S1 a 2-3 mm centrally oriented subligamentous disc protrusion, and mild thecal sac effacement with borderline spinal canal narrowing; advanced hypertrophic facet changes present at this level; at T112-L1, a 1-2 mm disc bulge with potential for thoracic cord effacement; no evidence of spinal neural foraminal stenosis. An x-ray of the thorocolumnar spine on 2/13/09 revealed disc space narrowing at L4-5 and L5-S1 with mild lumbar scoliosis, mild compression of anterior superior endplate of L1. The treating physician requested chiropractic treatment for the chronic pain since epidural steroid treatments were not considered due to poorly controlled blood sugars. On 1/9/15, Utilization Review modified (12) chiropractic therapy sessions for the low back to (6) chiropractic therapy sessions for the low back , noting the Medical treatment Utilization Schedule (MTUS), Chronic Pain, Manual Therapy and Manipulation Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic therapy sessions for the low back: 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 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 is requesting 12 chiropractic sessions for the low back for an unspecified period of time. This request is not according to the above guidelines and is therefore not medically necessary.