MAXIMUS Federal Services

Case Number:	CM15-0108817		
Date Assigned:	06/15/2015	Date of Injury:	07/10/2014
Decision Date:	07/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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 25 year old female, who sustained an industrial injury on 7/10/2014. She reported developing low back pain from repetitive lifting activities. Diagnoses include lumbar spine sprain/strain, rule out herniated nucleus pulposus. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, and an epidural steroid injection reported to have provided no relief of pain. Currently, she complained of back pain with left greater than right lower extremity radiation. The MRI of the lumbar spine was documented to reveal "a small disc protrusion at L5-S1 level. There is no stenosis or neuroforaminal." The PR2 signed on 5/11/15, documented the physical examination demonstrated muscle spasm and tenderness in the lumbar spine and tenderness with compression of the L5-S1 facets. The straight leg raise test was negative bilaterally. The plan of care included additional chiropractic treatments twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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 has requested additional chiropractic treatment 2 times per week for 4 weeks. The doctor has not documented objective functional improvement from the initial chiropractic care and therefore the requested treatment is not medically necessary and appropriate.