

Case Number:	CM15-0016350		
Date Assigned:	02/04/2015	Date of Injury:	08/05/2013
Decision Date:	03/24/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/28/2015

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: Chiropractic

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 26 year old male, who sustained a work/ industrial injury due to repetitive lifting on 8/5/13 as a display merchandiser. He has reported symptoms of pain in the lower back that was intermittent and occurred with sharp movements. Prior medical history was noncontributory. The diagnoses have included lumbago, somatic dysfunction lumbosacral spine and pelvis, and deconditioning. Treatment to date has included orthopedic consult, physical therapy, and functional restoration program. Exam revealed full range of motion without pain. The 12/29/14 report noted back pain without numbness/tingling, and pain at 2-4/10. Sensation of the lower extremities was normal. Deep tendon reflexes were normal except for 1+ left patellar. Straight leg raise was negative except for left +/- . Range of motion to the lumbar spine was normal. A request was made for an initial trial of 6 sessions of chiropractic treatment for complete resolution of symptoms. On 1/13/15, Utilization Review non-certified (6) Chiropractic sessions to the lower back, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Treatment Sessions to The Low Back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Low Back Chapter

Decision rationale: The patient has received physical therapy for his low back injury in the past but has not received any chiropractic care for his current injuries. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter Chapter state that Manual therapy and manipulation is "recommended" for the lumbar spine. Since the patient has never had chiropractic care to his low back there is no prior evidence to examine for treatment efficacy. Therefore, per MTUS, a trial of chiropractic care is warranted. The MTUS ODG Low Back Chapter recommends a trial of chiropractic "6 visits over 2 weeks." Given these circumstances I find that the initial trial of 6 chiropractic sessions to lower back to be medically necessary and appropriate.