

Case Number:	CM15-0111208		
Date Assigned:	06/17/2015	Date of Injury:	10/08/2014
Decision Date:	07/23/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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:

The injured worker is a 34 year old male who sustained an industrial injury on 10/08/2014. Mechanism of injury occurred to this UPS worker when he was pulling a dolly up a stairway and two dogs came and he twisted quickly to avoid getting bitten and felt immediate pain in his back and right leg. Diagnoses include lumbosacral sprain/strain, sprain of the S1 joint-bilateral, and rule out lumbar disc protrusion. Treatment to date has included home exercises, medications, physical therapy, trigger point injections, and chiropractic sessions- 9 to date. He is not working, there is no light duty. A physician progress note dated 05/08/2015 documents the injured worker complains of constant moderate 7 out of 10 achy low back pain radiating to his right leg with numbness. Lumbar range of motion is decreased and painful. There is +3 tenderness to palpation of the lumbar paravertebral muscles and bilateral S1 joints. There is muscle spasm of the lumbar paravertebral muscles. Kemp's causes pain bilaterally. Sitting Straight leg Raise cause pain bilaterally, and Valsalva's causes pain. Treatment requested is for Chiropractic sessions, 3 times weekly for 6 weeks, 18 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions, 3 times wkly for 6 wks, 18 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS chronic pain treatment guidelines, page(s): 58.

Decision rationale: The medical necessity for the requested 18 treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The claimant has undergone 9 treatments with no evidence of functional improvement. Moreover, the requested 18 additional treatments clearly exceed medical treatment utilization schedule guidelines. Therefore, given the absence of documented functional improvement as a result of the initial clinical trial of care, the requested 18 additional treatments are not medically necessary.