

Case Number:	CM15-0122106		
Date Assigned:	07/06/2015	Date of Injury:	12/25/2013
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: Preventive Medicine, Occupational Medicine

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 29 year old female, who sustained an industrial injury on 12/25/13. She reported back pain. The injured worker was diagnosed as having lumbar strain. Treatment to date has included medication, x-ray, modified activity, physical therapy, chiropractic care, acupuncture care, MRI, nerve conduction study, urine drug screen, epidural steroid injection and home exercise program. Currently, the injured worker complains of increased low back pain that occasionally radiates to her right leg, which is accompanied with numbness and tingling. She is diagnosed with myofascial pain syndrome, lumbar strain, and lumbosacral radiculopathy. Her work status is currently full time schedule with modifications. The injured worker received approximately 75% in pain relief from the steroid injection, per note dated 3/17/15. The note also states the injured worker is experiencing a decrease in pain with medication. An examination with the same date reveals a decrease in sensation in the left foot and spasms in left lumbosacral muscles. A 4/15/15 note states there is decreased sensation in the right foot, spasms are noted in the right lumbosacral muscles, decreased range of motion and normal strength/reflexes of the lower extremities bilaterally. A note dated 6/10/15 states improvement in symptoms with the steroid injection. There is decreased sensation to the right foot, decreased range of motion in her back and normal strength and reflexes in her lower extremities bilaterally. The following, a back brace and chiropractic care 8 sessions (2x4), is being requested to help manage her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar Supports.

Decision rationale: MTUS Guidelines do not support the use of lumbar bracing for chronic low back pain. ODG Guidelines provide additional details and consistent with MTUS Guidelines they do not support the routine use of back brace, however ODG notes that under certain specific circumstances (post fusion surgery, post fracture or demonstrated instability) a back brace may be useful. This individual does not have any of these qualifying conditions. The request for the Back Brace is not supported by Guidelines and is not medically necessary.

Chiropractic Care 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

Decision rationale: MTUS Guidelines supports up to 18 sessions of chiropractic therapy if the therapy has resulted in lasting functional improvements. It is clearly documented that this individual has completed at least 15 sessions of chiropractic therapy in the past and lasting improvements in pain and function are not currently documented. The request for an additional 8 sessions of chiropractic significantly exceeds what is Guideline supported and there are no unusual circumstances to justify an exception to Guidelines. The request for Chiropractic Care 2X4 is not medically necessary.