

Case Number:	CM15-0125151		
Date Assigned:	07/09/2015	Date of Injury:	09/16/2014
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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, Oriental 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 26 year old female, who sustained an industrial injury on 9/16/14. She has reported initial complaints of a low back injury. The diagnoses have included lumbar strain/sprain and muscle spasm, myalgia and myositis, radiculopathy, paresthesia, and sciatica. Treatment to date has included medications, diagnostics, activity restrictions, bracing, physical therapy and acupuncture. Currently, as per the physician progress note dated 6/15/15, the injured worker complains of painful and tight lower back with spasms that has improved since the last visit. The objective findings reveal pain, tenderness and swelling, the straight leg raise is positive bilaterally, there is decreased lumbar range of motion, lumbar spine pain is 7/10 on pain scale, and right leg sciatica at 70 degrees. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine that was unremarkable. The current medications included Tramadol, Cyclobenzaprine, and Diclofenac. The previous physical therapy and acupuncture sessions are noted in the records. The physician requested treatment included Chiropractic treatment 2 times a week for 4 weeks for low back.

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 for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: It appears that this is a request for an initial chiropractic trial. Evidenced based guidelines recommend a trial of chiropractic. However, a request for 8 visits exceeds the recommended guidelines of less than six. If functional improvement is documented, further chiropractic may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of prior chiropractic. Also the duration and total amount of visits completed should be submitted. Therefore, eight sessions of chiropractic are not medically necessary.