

Case Number:	CM15-0169917		
Date Assigned:	09/14/2015	Date of Injury:	03/01/2012
Decision Date:	11/17/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 58 year old female who sustained an industrial injury on 03-01-2012. Medical records indicated the worker was treated for lumbar sprain-strain and lumbar myofasciitis. In the provider notes of 08-07-2015 the injured worker complains of throbbing low back pain rated a 5 on a scale of 0-10 and associated with prolonged sitting. She gets relief from the pain with medications. On examination, there was paravertebral lumbar tenderness and spasms with. There was no bruising, swelling, atrophy or lesion present at the lumbar spine and toe-heel walk is intact. Lumbar flexion was 50 degrees out of possible 60 degrees. Extension, left and right lateral bending had no deficit. Treatment plan s included diagnostic testing for the lumbar spine, and a referral to pain management, chiropractic care, physiotherapy, and a home traction system. A request for authorization was submitted for Chiropractic therapy - Lumbar spine 1x6. A utilization review decision 08-17-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy - Lumbar spine 1x6: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic low back pain. According to the available medical records, the claimant has been taking medications for her pain. There are no other treatments history mentioned. Based on the guidelines cited, a trial of 6 chiropractic visits over 2 weeks is recommended by MTUS guidelines. Therefore, the request the 6 chiropractic treatment for this claimant's lumbar spine is medically necessary.