

Case Number:	CM15-0170551		
Date Assigned:	09/11/2015	Date of Injury:	06/24/2015
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/31/2015

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 24 year old female, who sustained an industrial injury on 6-24-15. Initial complaint was of low back pain. The injured worker was diagnosed as having low back strain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-3-15 indicated the injured worker reports a little better with her back. She has had about 4 weeks of physical therapy and thinks it has been helpful. On examination, her back is still very stiff; when she flexes forward, it is more bending form the knees than actually flexing her back. There is no radicular type pain. She will need to continue with physical therapy at this time with 6 more visits. She has been unable to pick-up medications and the provider will again see if they have been authorized for her Flexeril and she has been taking ibuprofen. A PR-2 note dated 7-7-15 indicated the injured worker reports her back pain is a little better. She is quite stiff and has fairly limited range of motion with tightness and spasms in the paravertebral muscles of her back. She reports work was unable to accommodate her. She would benefit from a course of physical therapy 2 times a week for 3 weeks. Soon after her industrial injury, a PR-2 note dated 6-29-15 is a release to work on a modified basis with frequent position change every 45 minutes and sit down work only. Medication was prescribed: Cyclobenzaprine and Ibuprofen 600mg for a diagnosis of low back strain. A Request for Authorization is dated 8-24-15. A Utilization Review letter is dated 8-24-15 and modification authorization was made for Chiropractic therapy two times a week for four weeks (8 visits) for the lumbar spine to Chiropractic therapy x6 visits for the lumbar spine and non-certification for the remaining x2 chiropractic therapy for the lumbar spine. Utilization Review letter dated 8-24-15 has denied authorization for Chiropractic examination for the lumbar spine due to "there is no documentation of a rationale identifying the medical necessity of the current requested consultation chiropractic examination. The provider is requesting authorization of Chiropractic therapy two times a week for four weeks (8 visits) for the lumbar spine and Chiropractic examination for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy two times a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant presented with ongoing low back pain despite previous treatments with medications and physical therapy. There is no history of prior chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, current request for 8 visits exceeded the guidelines recommendation. Therefore, without first demonstrating objective functional improvement with the 6 trial visits, the request for 8 visits is not medically necessary.

Chiropractic examination for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: According to the guidelines cited, examination and consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or claimant's fitness for return to work. In this case, the request for 8 chiropractic treatment visits is not recommended. Therefore, follow up or re-examination of this claimant lumbar spine is not medically necessary.