

Case Number:	CM15-0027239		
Date Assigned:	02/19/2015	Date of Injury:	05/14/2013
Decision Date:	04/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/12/2015

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: Chiropractic

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 44 year old female, who sustained an industrial injury on 5/14/2013. The mechanism of injury and initial complaints was not provided for review. Diagnoses include lumbar myospasm and lumbar degenerative disc disease. Treatments to date include lumbar epidural steroid injection, physical therapy and medication management. A progress note from the treating provider dated 1/20/2015 indicates the injured worker reported headaches, mid back pain, right lower extremity pain, buttock pain, right chest pain and low back pain. On 2/2/2015, Utilization Review modified the request for an initial trial of 12 visits of chiropractic care to the lumbar spine to 6 visits, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 x week x 4 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section.

Decision rationale: The patient has not received prior chiropractic care for her injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends a trial of manipulative care 6 sessions over 2 weeks. The ODG Low Back Chapter also recommends an initial trial of 6 sessions over 2 weeks. Based on this MTUS recommendation the UR department modified the request for an initial 12 sessions and has already authorized 6 sessions. I find that the 12 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.