

Case Number:	CM15-0061727		
Date Assigned:	04/07/2015	Date of Injury:	02/15/2014
Decision Date:	06/30/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/01/2015

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 43 year old female with an industrial injury dated 2/15/2014. The injured worker's diagnoses include protrusion L3-4, L4-5, L5-S1 with no significant neural encroachment and lumbar spondylosis. Treatment consisted of diagnostic studies, prescribed medications, transcutaneous electrical nerve stimulation (TENS), physical therapy and periodic follow up visits. In a progress note dated 2/7/2015, the injured worker reported low back pain with left greater than right lower extremity symptoms rated a 7/10. Objective findings revealed tenderness to the lumbar spine and positive straight leg raises. The treating physician prescribed services for an initial trial of chiropractic, 3 week x 4 weeks for the lumbar spine, QTY: 12. The UR department modified the request and authorized an initial trial of 6 sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x Wk x 4 Wks for the lumbar spine, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: The patient has not received chiropractic care for her lumbar spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks. The request for 12 sessions of chiropractic care however, the UR department has modified the request and allowed 6 sessions per The MTUS Guidelines. Additional sessions would be warranted with evidence of objective functional improvement per The MTUS. The requested number of sessions far exceeds The MTUS recommended number. 6 sessions have already been approved. I find that the 12 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.