

Case Number:	CM15-0074297		
Date Assigned:	04/24/2015	Date of Injury:	09/08/2014
Decision Date:	05/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/20/2015

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: Physical Medicine & Rehabilitation

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 09/08/2014. Her diagnosis is lumbar sprain/strain. Prior treatments included chiropractic treatments, acupuncture, physical therapy and medications. She presents on 03/31/2015 with low back pain following completion of her six acupuncture visits along with her authorized eight acupuncture visits. Objective findings included tenderness and myospasm of the lumbar spine. The injured worker reports with the acupuncture treatment she is able to bend and sit with less pain. Objective findings were tenderness and myospasm of the lumbar spine. There was improved lumbar flexion, extension, bilateral rotation and bilateral side bending. She experienced pain with flexion, extension and right side bending. The treatment plan included an additional 12 chiropractic visits and some reduction in work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy 1 time a week for 12 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Physical Medicine Guidelines Page(s): 58-60; 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for 12 sessions of chiropractic/physiotherapy for the lumbar spine. MRI of the lumbar spine from 11/12/14 demonstrates mild neural foraminal narrowing at L4-5 and L5-S1 due to disc disease and facet arthropathy. The patient has had chiropractic treatment, acupuncture and physical therapy in the past. The patient is currently not working. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back it is recommended as an option. For Therapeutic care: A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks is allowed. In this case, the utilization review letter on 04/13/15 indicates that the patient has had 12 sessions of chiropractic treatment in 2014. None of the reports discusses how the patient has responded to the treatment. The treater does not explain why chiropractic treatment is being requested at this time. Without documentation of functional improvement, additional chiropractic treatments are not supported by the MTUS. Furthermore, the requested 12 sessions combined with 12 already received would exceed what is allowed per MTUS for this kind of condition. The request is not medically necessary.