

Case Number:	CM15-0077424		
Date Assigned:	06/08/2015	Date of Injury:	09/26/2014
Decision Date:	07/07/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/22/2015

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, Minnesota
 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 (IW) is a 26-year-old female who sustained an industrial injury on 09/26/2014. Diagnoses include thoracic musculoligamentous strain/sprain and lumbosacral musculoligamentous strain/sprain with radiculitis. Treatment to date has included medications, chiropractic treatment and physical therapy. According to the progress notes, dated 3/19/15 the IW reported pain in the mid and upper back rated 8/10, as well as pain in the lower back rated 9/10. The pain levels were unchanged since her last exam. On examination, there was restricted range of motion in the thoracic and lumbar spine and tenderness and spasms of the paraspinal muscles. Straight leg raise test was positive bilaterally. It was noted that the IW was pregnant. The physical therapy and chiropractic progress notes dated 3/5/15 through 3/12/15 did not show any improvement in the IW's pain level or spasms. A request was made for chiropractic treatment once weekly for the six weeks for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 1 x 6 weeks, Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 56-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The patient has had 6 prior treatments of chiropractic care with no objective functional improvement documented. The doctor has requested more chiropractic treatment 1 time per week for 6 weeks to the low back. Since there is no objective functional improvement documented from the first 6 visits the requested treatment is not medically necessary.