

Case Number:	CM14-0140813		
Date Assigned:	09/10/2014	Date of Injury:	06/05/2013
Decision Date:	10/06/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 27 year old male with complaints of low back pain. The date of injury is 6/5/13 and the mechanism of injury is motor vehicle accident (rear ended, driver seat belted). At the time of request for chiropractic treatment on lumbar spine x 6, there is subjective (low back pain) and objective (lumbar tenderness and restricted range of motion lumbar spine) findings, imaging findings (lumbar spine x-ray flexion and extension 7/22/14 is unremarkable), diagnoses (lumbar spine sprain/strain), and treatment to date (medications, physical therapy). A recent comprehensive meta-analysis of all clinical trials of manipulation has concluded that there was good evidence for its use in acute, sub-acute, and chronic low back pain, while the evidence for use in radiculopathy was not as strong, but still positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment for 6 sessions for the Lumbar Spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Manipulation

Decision rationale: Per ODG guidelines, A recent comprehensive meta-analysis of all clinical trials of manipulation has concluded that there was good evidence for its use in acute, sub-acute, and chronic low back pain, while the evidence for use in radiculopathy was not as strong, but still positive. Recommendations are for a trial of 6 sessions over 2 weeks documenting progress and improvement in pain and function. Therefore, the request for chiropractic manipulation for 6 sessions is medically necessary.