

Case Number:	CM13-0001620		
Date Assigned:	05/12/2014	Date of Injury:	01/01/1996
Decision Date:	07/10/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/15/2013

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 licensed in Chiropractic Care and is licensed to practice in California. 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:

According to the daily treatment note dated 5/21/14, the patient is a 74-year-old female with diagnoses of displacement of lumbar intervertebral disc without myelopathy and sciatica. This is the only treatment note that was made available for this review. This is a second request for chiropractic treatment for the lumbar spine times (6) sessions, which was previously denied. The daily treatment note provided states that the subjective findings were: moderate to severe, constant, low back pain, which has worsened since the last visit and rated at 5/10. The patient also complained of pain in the right and left buttock, 5/10 right and 7/10 left, dizziness, arm and shoulder pain. Objective findings were: myospasms of the lumbar spine, tenderness to palpation of the lumbar spine, restricted range of motion of the lumbar spine, deep tendon reflexes +2 bilateral, no loss of sensation to pin prick, 5/5 muscle strength, + straight leg raise at 45 degrees, + Minor's sign, and + Kemp's test bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT FOR THE LUMBAR SPINE TIMES SIX (6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Guidelines indicate that manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. Therapeutic are for the low back is recommended as an option with a trial of six (6) visits over two (2) weeks, with evidence of objective functional improvement, total of up to eighteen (18) visits over six to eight (6-8) weeks. The medical records provided for review does not show evidence of a clinical rationale. Therefore, there is insufficient information to reverse the prior utilization review decision at this time.