

Case Number:	CM13-0010231		
Date Assigned:	09/10/2013	Date of Injury:	05/13/2013
Decision Date:	01/03/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Shoulder and Elbow Surgery 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 physician 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.

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 patient is a 35-year-old male who reported a work-related injury on 05/13/2013 as a result of a fall. The clinical note dated 06/03/2013 reports the patient was seen under the care of [REDACTED] for his lumbar spine pain complaints. The provider documents the patient is seen status post his work-related injury of 3 weeks time. The patient reports continued pain to the right lower back and right lower rib cage. The provider documented the patient presented with minimal decreases in range of motion about the lumbar spine, with flexion at 80 degrees, extension at 30 degrees, bilateral rotation at 30 degrees, and bilateral flexion at 20 degrees. The provider documented the patient had 5/5 motor strength noted throughout. The provider recommended the patient utilize the following medication regimen, Relafen and omeprazole. In addition, the provider recommended the patient utilize 6 sessions of chiropractic treatment. Functional Capacity Evaluation of the patient was performed on 06/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for lumbar spine #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The clinical documentation submitted for review documented the patient presented with minimal objective findings of symptomatology. The patient had near range of motion of the lumbar spine documented status post a work-related fall with injury sustained in 05/2013. The clinical notes document the patient presented with minimal deficits of range of motion about the lumbar spine. The patient had no motor, neurological, or sensory deficits evidenced upon physical exam of the patient. California MTUS indicates, "Manipulation is recommended as an option, with a trial of 6 visits over 2 weeks and evidence of objective functional improvement." The request for 12 sessions of chiropractic treatment is excessive in nature. Given the above, the request for outpatient chiropractic physiotherapy kinetic activity to the lumbar spine two times a week over 6 weeks is not medically necessary or appropriate.