

Case Number:	CM13-0014297		
Date Assigned:	06/06/2014	Date of Injury:	01/17/2012
Decision Date:	07/14/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/21/2013

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 Board Certified in Anesthesiology and is licensed to practice in Texas. 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:

The injured worker is a 39 year old male who sustained an injury to his low back on 01/17/12 when he was lifting a mold off of the machine; he felt pain in his low back. The injured worker complained of low back pain with tenderness and spasm over the paravertebral musculature with associated tightness in the left sacroiliac joint. Physical examination noted ambulation with a slight limp; straight leg raise positive left; sensation decreased along the left L4-5 dermatomes. Treatment to date has included 12 visits of chiropractic manipulation treatment and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment With Exercises, Modalities, and Manipulation Three Times A Week For Four Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The previous request was denied on the basis that it was not clear if the injured worker has had any prior chiropractic manipulation treatment. The MTUS Chronic Pain Guidelines recommends an initial trial of 1-2 times a week for the first two weeks as an initial

trial. If there is evidence of significant functional improvements, additional visits may be approved. There was no indication as to how many chiropractic visits the injured worker has completed to date. There was no additional significant objective clinical information provided for review that would support the need to exceed the MTUS Chronic Pain Guidelines' recommendations, either in frequency or duration of chiropractic manipulation visits. Given the clinical documentation submitted for review, medical necessity of the request for chiropractic with exercises, modalities and manipulation three times a week times four weeks has not been established.