

Case Number:	CM13-0014602		
Date Assigned:	10/08/2013	Date of Injury:	03/12/1996
Decision Date:	01/07/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/22/2013

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 physician reviewer is Licensed in Chiropractic and Acupuncture, 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 of 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 claimant is 46 years old and was involved in a work related injury on 3/12/16. He presents on 7/1/2013 with a flareup of his low back pain. His primary diagnoses are thoracic/lumbar radiculitis or neuritis and lumbar subluxation. He has pain in the lumbar spine and it is constant and without relief in his buttocks. He has problems with bending, squatting, lifting, walking standing and sitting. He has stiffness and soreness in the lumbar paraspinals and latissimus dorsi muscles. He also has positive Kemps and Milgrams tests. His last flareup was in 2/2013 and he was treated with six chiropractic sessions which resolve his pain. He has had 24 chiropractic sessions since 2011 according to the UR review. No information on other forms of treatment are found in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Page(s): 58-68.

Decision rationale: According to evidenced based guidelines, further chiropractic treatments after an initial trial are medically necessary based on documented functional improvement. It appears that the claimant had functional improvement from chiropractic treatment during his last flareup in 2/2013. However, guidelines only recommend 1-2 treatments every 4-6 weeks for a flareup. The request of six visits exceeds the number recommended for a flareup. Also, it appears that the claimant has exceeded the recommended 24 visit maximum for chiropractic. Therefore, six chiropractic visits are not medically necessary.