

Case Number:	CM13-0015831		
Date Assigned:	10/11/2013	Date of Injury:	03/30/1998
Decision Date:	02/10/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/03/2013

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 expert reviewer is licensed in Chiropractic Medicine, has a subspecialty in 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 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. 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:

Claimant is a 55 year old male who was involved in a work related injury on 3/30/98. Per a report on 6/24/13, the physician notes that chiropractic has helped in the past. Diagnoses are lumbar spondylosis, disc herniation, spinal stenosis, and degenerative disc disease. He complains of a flare-up because he had to work 7 days in a row which increased his pain. He has low back, mid back and sciatic pain. He has trouble sitting for more than 20 min and decreased ROM. The claimant has had at least 32 chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro X 5 Visits for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, 1-2 chiropractic visits are medically necessary for flare-ups. Five visits exceeds the recommendation for 1-2 visits. Also the claimant has at least 32 chiropractic visits. This exceeds the 24 visit recommendation maximum. Therefore five further chiropractic visits is not medically necessary.

