MAXIMUS Federal Services

Case Number:	CM13-0015895		
Date Assigned:	11/20/2013	Date of Injury:	02/22/1993
Decision Date:	01/21/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/23/2013

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 Physical Medicine and Rehabilitation 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:

The patient is a 60-year-old female childcare aide, with DOI 02/22/93. With a diagnosis of postsurgical chronic lower back pain causing mechanic lower back pain with retrolisthesis on L5. The symptoms and exam findings are found on a report by treating chiropractor, [redacted], dated 07/ 19/ 13 revealing constant lower back pain into both legs with associated muscle cramps and tingling, frequent cervical stiffness into the right shoulder. Pain diagram showed VAS 5/10. Findings include positive orthopedic tests to the low back. There is hypermobility and tenderness at L5-Sl, +3-5 muscle rigidity of the lumbar paraspinal muscles, abnormal gait and ambulation, positive right shoulder depressor and +1 muscle rigidity of the cervical paraspinal area. The request is for chiropractic treatment and myofascial release 2 times per month for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 x 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: It is unclear from the documentation whether patient has an exacerbation or her condition is chronic. The provided has been requesting for 12 sessions of chiropractic. It is also unclear from the record whether the patient had received any chiropractic previously. Assuming that she sustains a recent exacerbation of her chronic condition and that she has not received any chiropractic treatment for this recent exacerbation, then chiropractic treatment would be supported by the guidelines. However, the guidelines only supports an initial 4-6 treatments with a maximum duration of 8 weeks, with treatment beyond the 6 treatments be documented with objective improvement in symptoms. Therefore the request for 12 sessions of over 6 months does not meet the guidelines.