

Case Number:	CM13-0019632		
Date Assigned:	11/27/2013	Date of Injury:	09/09/2006
Decision Date:	01/15/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/03/2013

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 licensed in Chiropractic 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:

According to the available medical records, this is a 37 year old male with chronic back pain, date of injury 09/09/2006. Previous treatments include medications, physical therapy, chiropractic and home exercise. PR-2 report on 07/24/2013 by [REDACTED] revealed acute exacerbation of pain in his back 2-3 days ago, patient is not able to do prolonged standing/walking/bending (after 15-20 minutes); exam revealed myospasm of paraspinal region, decreased ROM of thoraco-lumbar region, upon flexion and lateral flexions, SLR positive at 50 degree with radiculopathy to posterior left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic sessions: Overturned

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

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

Decision rationale: According to the available medical records, this patient had report positive functional improvement with chiropractic treatment in the past, PR-2 report on 05/31/2013. Prior UR decision for 2 visits for flares-up based on the assumption that the patient ability to

return to work. A careful and complete review of the medical records did not indicate that this patient had been able to return to work, and therefore, the request for 6 chiropractic treatments was medically necessary.