

Case Number:	CM13-0021262		
Date Assigned:	10/11/2013	Date of Injury:	01/31/2013
Decision Date:	01/29/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/06/2013

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 Chiropractic Care, has a subspecialty in Accupuncture 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 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 58-year-old injured worker who reported an injury on January 31, 2013. The patient is currently diagnosed with a lumbosacral strain. The patient was recently seen by [REDACTED] on October 17, 2013 and reported complaints of persistent lower back pain. Physical examination revealed improved range of motion with chiropractic treatment. Treatment recommendations included continuation of chiropractic therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions two times a week for six weeks for the Lumbar Spine: Upheld

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

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

Decision rationale: The California MTUS Guidelines, states, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. As per the clinical notes submitted, the patient has been participating in chiropractic

treatment. Although it is stated that the patient demonstrates improved range of motion following chiropractic treatment, documentation of objective measurable improvement was not provided. The patient continues to report persistent lumbar spine pain. Satisfactory response to treatment has not been indicated. The request for Chiropractic therapy twice a week for six weeks, for the lumbar spine, is not medically necessary and appropriate.