

Case Number:	CM13-0022278		
Date Assigned:	11/13/2013	Date of Injury:	01/20/2013
Decision Date:	01/27/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/09/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 64-year-old male who reported an injury on 01/20/2013. The patient is currently diagnosed with a musculoligamentous strain/sprain of the cervical and lumbosacral spine. The patient was recently evaluated by [REDACTED] on 09/12/2013. The patient reported continued lower back pain with lower extremity radiculitis and cervical spine pain with stiffness. Physical examination revealed tenderness to palpation, diminished range of motion and negative compression testing. Physical examination of the lumbar spine revealed tenderness to palpation, diminished range of motion and positive straight leg raise. Treatment recommendations included chiropractic treatment and the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 times 4 for cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS Guidelines state 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 previously treated with chiropractic treatment. The latest chiropractic treatment note was dated 08/09/2013. The patient reported moderate, daily, frequent low back tenderness and pain. The patient's subsequent followup visits with [REDACTED] on 08/05/2013 and 09/12/2013 indicated continued complaints of lower back and cervical spine pain. Satisfactory response to treatment has not been indicated. Therefore, continuation of treatment cannot be determined as medically appropriate. As such, the request is non-certified.