

Case Number:	CM13-0025058		
Date Assigned:	11/20/2013	Date of Injury:	11/11/2010
Decision Date:	01/23/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/16/2013

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 Board Certified 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 expert 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.

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 33 year old female patient with chronic low back pain and a date of injury of 11/11/2010. Previous treatments include medications, injections, chiropractic visits, physical therapy, TENs unit at home, and radio frequency ablation. A MRI of the lumbar spine taken on 04/21/2011 noted L4-5 mild to moderate disc desiccation, L5-S1 mild loss of disc height, and mild to moderate disc desiccation. A progress report dated 03/11/2013 by [REDACTED] noted improved range of motion, sleep and leg pain. The exam revealed increased range of motion and decreased spasm L4-5 2/4. Diagnoses are low back pain, SI pain, and lumbar Sp/St. The patient remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of 6 sessions of Chiropractic care: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: A review of the medical records provided for review shows that the patient had some objective functional improvement in the lumbar range of motion, leg strength, spasm, and sleep quality/amount. Based on the MTUS Chronic Pain Guidelines, an additional 6

chiropractic visits would be recommended as a therapeutic option for chronic low back pain. The request for 6 chiropractic visits is medically necessary and appropriate.