

Case Number:	CM13-0025138		
Date Assigned:	11/20/2013	Date of Injury:	04/20/2013
Decision Date:	01/27/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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. 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 46 year old female patient with chronic low back pain, date of injury 04/20/2013. MRI dated 05/31/2013 revealed combo degenerative disease facet arthropathy and ligamentum flavum redundancy contributes to mild-moderate right L3/4 and moderate left and mild to moderate right L4/5 neural foraminal narrowing, mild deformity existing right L3 and bilateral L4 nerve roots, mild left L2/3 mild bilateral L3/4 and L4/5 lateral recess narrowing causes mild effacement transiting left L3 and bilateral L4 and L5 nerve roots. Previous treatments include chiropractic, physical therapy, medications, back support and work modification. Progress report dated 08/08/2013 by [REDACTED] revealed low back pain radiating to right lower extremity, chiropractic helpful and decreased pain, functional changes include mild to moderate improvement, increased walking, sitting and strength, decreased in pain intensity, medication intake and frequency of visits, patient is recommended to continue chiropractic therapy and medication; patient to return to work on modified duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of chiropractic treatment: Overturned

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 Chronic Pain Page(s): 58-59.

Decision rationale: : Review of medical records show patient has achieved functional improvement with the initial 6 chiropractic treatments. Based on CA MTUS guideline recommendation, the request for 6 sessions of chiropractic treatments was medically necessary.