

Case Number:	CM13-0025676		
Date Assigned:	01/03/2014	Date of Injury:	03/14/2011
Decision Date:	02/11/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/17/2013

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 care 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 61 year old male patient with chronic low back and neck pain, date of injury March 14, 2011. Previous treatments include medication and chiropractic. Progress report dated July 19, 2013 by [REDACTED] and [REDACTED] revealed persistent pain of the low back that radiates to the lower extremities with numbness and tingling, neck pain that occasionally flare-up, and knee pain. The patient indicates that when he has flare-ups he receives a course of chiropractic care and this has helped his symptomatology and manages his condition. Exam of the cervical spine revealed tenderness from mid to distal cervical segments, pain with terminal motion, axial loading compression test and Spurling's maneuver are positive, exam of the lumbar spine revealed tenderness at the lumbar paravertebral muscles with spasm on the right side, there is pain with terminal motion, and seated nerve root test is positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care (12 sessions) for the Lumbar and Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines; SB 228, Section 4604.5, paragraph (d).

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

Decision rationale: The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Review of the medical records did not reveal any home exercise program prescribed for this patient. The patient also had chiropractic treatments previously but there is no document of those treatments so it is unclear as to how many visits and what the outcome of those treatments was. The request for chiropractic care (12 sessions) also exceed California Medical Treatment Utilization Schedule (MTUS) guideline recommendation for chiropractic manipulation for chronic back and neck pain. Therefore, the disputed items/services are medically necessary.