MAXIMUS Federal Services

Case Number:	CM13-0026045		
Date Assigned:	01/10/2014	Date of Injury:	10/17/2000
Decision Date:	03/24/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/18/2013

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 Family Practice 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 56 year old male who reported an injury on 10/17/2000. He was seen on 09/17/2012 for complaints of moderate low back pain with intermittent minimal to moderate left calf burning and bilateral groin pain. The exam noted lumbar flexion approximately 14 inches from the floor, extension 20/25, left rotation and lateral flexion decreased 15%, positive Kemp's on the right/more than the left and mild paravertebral muscle spasms. The note dated 07/11/2013 indicated increased low back pain with left calf burning and bilateral groin pain. There was no change in objective findings. His treatment plan includes specific chiropractic adjustments, electrical muscle stimulation, intersegmental traction, and soft tissue mobilization for flare ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) to ten (10) chiropractic sessions: Upheld

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 Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The California MTUS recommends 6 visits of chiropractic therapy for a trial of over 2 weeks and with evidence of objective functional improvement, total of up to 18. The

documentation submitted did not provide evidence of function improvement to warrant the need for additional session. As such, the request is non-certified.

An MD referral: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-291.

Decision rationale: The California MTUS/ACOEM states thorough medical and work histories and a focused physical examination are sufficient for the initial assessment of a patient complaining of potentially work related low back symptoms. In this assessment, certain findings, referred to as red flags, raise suspicion of serious underlying medical conditions. Their absence rules out the need for special studies, referral, or inpatient care during the first four weeks. The documentation submitted and does not provide evidence of a change in the patient's condition to warrant the need for a referral. As such, the request is non-certified.