

Case Number:	CM13-0028046		
Date Assigned:	11/22/2013	Date of Injury:	03/14/2012
Decision Date:	01/23/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 a Chiropractor 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 27 year old female patient with chronic low back pain, date of injury 03/14/2012. Previous treatments include medication, activity modification, physical therapy and chiropractic. X-rays of the lumbar spine is normal, MRI of the lumbar spine dated 06/01/2013 revealed early degenerative disc disease at L4-5 and L5-S1. PR-2 report dated 07/09/2013 by [REDACTED] revealed continued low back pain with mild improvement, she has had 6 sessions of chiropractic care and physiotherapy to the lumbar spine, which have helped decrease her pain, she was at about 5-6/10 at the last reexamination and today, she is about 4/10, she is using over-the-counter medication and sometimes has severe pain and has difficulty sleeping at night or positioning herself; exam revealed slightly guarded gait, mild limp favoring the left lower extremity, tenderness to the lumbar spine paravertebral muscles with mild spasm, positive sciatic tension test to the left leg greater than the right; diagnoses of lumbar spine chronic myalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) additional sessions of chiropractic care to the lumber spine: Upheld

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

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

Decision rationale: Review of medical records indicated that the patient has had 6 chiropractic treatments with no objective evidences of functional improvement. The request for additional 8 sessions of chiropractic care is therefore, NOT medically necessary, according to CA MTUS guidelines cited above.