

Case Number:	CM13-0028574		
Date Assigned:	11/27/2013	Date of Injury:	11/08/2011
Decision Date:	02/13/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/24/2013

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 Chiropractic has a subspecialty in Acupuncture 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 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 reported a date of injury of 9/08/2011. According to the doctor's first report by [REDACTED] the patient complained of chronic right lower back pain. The patient's range of motion in the lumbar spine was 55 degrees in flexion, 12 degrees in extension, 18 degrees in both right and left lateral flexion. Bechterew's test was positive. The patient was diagnosed with lumbosacral sprain/strain and sacroiliac joint sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for additional 6 sessions of therapeutic chiropractic care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): s 58-60.

Decision rationale: According to the MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. It is not recommended for elective/maintenance care. The guideline recommends 1-2 visits every 4-6 months if return to work is achieved with re-evaluation of treatment success for patients with a flare up. According to the doctor's report

dated 7/05/2013, the patient had received chiropractic care for her lower back and stated that it was ineffective. There was no evidence of objective functional improvement with chiropractic care in the submitted documents. Therefore, the provider's request for additional 6 sessions of therapeutic care is not medically necessary.