

Case Number:	CM13-0031751		
Date Assigned:	12/04/2013	Date of Injury:	09/05/1996
Decision Date:	02/04/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/04/2013

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, 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:

According to the available medical records, this is a 66 year old female patient with chronic lower back pain, date of injury 09/05/1996. Previous treatments include chiropractic, medications. Progress report dated 09/10/2013 by [REDACTED] reported patient feels better with chiropractic therapy and traction, however, her treatment has stopped and she is having symptoms again; exam revealed lumbar spine AROM limited in forward flexion (65), extension (15), right lateral flexion (15), left lateral flexion (15), seated straight leg raise increased local LBP mildly, as does supine SLR, no hypertonicity/muscle spasm L/S paraspinal muscles; assessment are lumbar sp/st, spinal scoliosis and hypertension. Chiropractic progress report dated 10/09/2013 by [REDACTED] noted unchanged in ADL's per L/S index, improved in lumbar extension and no pain in lumbar AROM, her tolerance to weight bearing activities improved, flexibility and balance have also improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic treatments two times a week for three weeks for the low back:
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: CA MTUS guidelines recommend chiropractic manipulation as therapeutic for a Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Review of medical records shown this patient has had 14 chiropractic visits with functional improvement. The request for 6 additional chiropractic visits, however, exceeded the guideline recommendation and therefore, NOT medically necessary.