

Case Number:	CM13-0032439		
Date Assigned:	12/11/2013	Date of Injury:	12/03/1998
Decision Date:	08/13/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/07/2013

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 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. 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 49 year old female patient with chronic low back pain, date of injury 12/03/1998. Previous treatments records are not available for review. The progress report dated 08/09/2013 by the treating doctor revealed lower back pain that waxes and wanes, she recently came in requesting conservative treatment reporting that treatments significantly reduced her need for medications, increased her sleep and activities of daily living. Exam noted mild lumbar muscle spasm, restricted lumbar range of motion. A progress report dated 07/02/2013 revealed acute flare up of the patient lower back pain; she located the pain at the base of spine and described it as an increasing throbbing pain but denied any radiation into the lower extremities. Exam revealed mildly antalgic gait, tenderness along the lower lumbar muscle with mild spasms. Lumbar range of motion restricted in flexion and extension. The diagnoses include lumbar strain, lumbar disc herniation (post discectomy), dyspepsia and lumbar stenosis. The patient instructed to continue usual and customary work.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TO THE LUMBAR SPINE FOR 6 SESSIONS (2 X 3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: Based on California MTUS guideline recommendation, 1-2 visits every 4-6 months is medically necessary for flares-up of chronic low back pain. This patient had been shown to return to her usual and customary work, and there was no functional difficulty reported. The request for 6 chiropractic treatments is not medically necessary.