

Case Number:	CM13-0034206		
Date Assigned:	12/06/2013	Date of Injury:	11/01/2011
Decision Date:	02/28/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/15/2013

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 Board Certified in Chiropractic Medicine, 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 41 year old male patient with chronic low back pain, date of injury 11/01/2011. Previous treatments include medications, physical therapy, chiropractic and injection. Progress report dated 09/04/2013 by [REDACTED] revealed Thoracic Spine T/s 6-8/10, Lumbar Spine L/s 6-8/10, pain worsen, patient cannot sleep, depressed; palpation of Thoracic Spine and Lumbar Spine tenderness with spasm, +SLR, +Yoeman, +Kemp's, reduced Range of Motion (ROM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment X 6 (Rx 9/4/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation: Low Back.

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

Decision rationale: Reviewed of medical records indicated that this patient has had 6 chiropractic treatments starting 07/31/2013 with no evidence of objective functional improvement. Based on the guideline cited above, the request for 6 additional chiropractic treatments is NOT medically necessary.

