

Case Number:	CM13-0035315		
Date Assigned:	12/13/2013	Date of Injury:	03/31/2006
Decision Date:	02/27/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 45 year old female patient with chronic low back pain, neck pain, shoulder pain and headaches, date of injury 03/31/2006. Previous treatments include acupuncture, chiropractic, medications, laminectomy (04/06/2006), injections and physical therapy. Progress report dated 09/30/2013 by [REDACTED] revealed recent worsening of low back pain, recent increased in neck pain and stiffness, headaches and symptoms of nervousness and anxiety, difficulty sleeping and fatigue, pain is reduced with rest and activity modification; exam noted palpation reveals moderate paraspinal tenderness bilaterally at C1 thru S1, foraminal compression test and shoulder depression test revealed pain on both sides, Valsalva, Kemp's, Yeoman's and Iliac compression test revealed pain on both sides.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective office visit for DOS 09/30/2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: Review of the available medical records do not show that this patient is permanent and stationary. Periodic re-evaluation is necessary to document functional improvement to continue treatment, per CA MTUS guidelines.