

Case Number:	CM13-0038036		
Date Assigned:	12/18/2013	Date of Injury:	09/07/2012
Decision Date:	02/18/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/24/2013

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 Texas. 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:

The patient is a 51-year-old male who reported an injury on 09/07/2012. The mechanism of injury was not provided. The patient was noted to have tenderness at the left side of the lumbar paravertebral muscles with spasm. The seated nerve root test was noted to be positive and there was noted to be dysesthesia at L5-S1 dermatomes. The patient's diagnoses were noted to include lumbago and lumbar region. The request was made for chiropractic care 1 x 6 for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

A chiropractic treatment, 6 sessions: 1 time a week for 6 weeks for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation official disability guidelines

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

Decision rationale: CA MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups require a need for re-evaluation of prior treatment success. If chiropractic treatment is going to be effective, there

should be some outward sign of subjective or objective improvement within the first 6 visits. The clinical documentation submitted for review failed to indicate the patient's prior treatments. There was a lack of documentation between 06/17/2013 and 09/16/2013 to support the necessity for chiropractic treatment. Given the above and the lack of documentation, the request for chiropractic treatment 6 sessions 1 time a week for 6 weeks to the lower back is not medically necessary.