

Case Number:	CM13-0038595		
Date Assigned:	12/18/2013	Date of Injury:	09/13/2007
Decision Date:	02/18/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/25/2013

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 Washington DC, and 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 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:

The patient is a 56-year-old male who reported an injury on 09/13/2007. The mechanism of injury was not submitted. The patient was diagnosed with facet osteoarthritis of the lumbosacral spine with recurring pain. The patient indicated the pain was a 10/10 for his low back. The patient stated the pain is worse when he stands for prolonged time. The patient indicated stretching and exercising alleviates the pain. The office visit indicated the patient had decreased range of motion with lumbar flexion with pain and right rotation with pain. The physical examination also noted hypomobile vertebral segments at L2, L4, and S1. Moderate spasms were also noted, prominent in the patient's lower back. Severe tender taunt fibers were also noted in the lower back. A progress note dated 09/30/2013 indicated the patient was doing well and complained of recurring low back pain as the only real persistent issue. The patient reported his work with the chiropractor helps for about 2 weeks at a time. Objective findings were posture was fair to poor but strength throughout was excellent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation, twenty six (26) visits over one (1) year (two (2) per month):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): s 58-59.

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

Decision rationale: CA MTUS recommends manual therapy manipulation for pain caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement to facilitate progression in the patient's therapeutic exercise program and return to productive activities. The patient complained of pain to the low back and had some limited range of motion. However, the clinical documentation indicates the patient had previously participated in chiropractic treatments. However, no clinical documentation was submitted for review indicating functional improvement or continued functional deficits. Given the lack of documentation to support guideline criteria, the request is non-certified.