

Case Number:	CM13-0042035		
Date Assigned:	12/27/2013	Date of Injury:	01/06/2000
Decision Date:	03/10/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/16/2013

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, 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 medical records provided for review, the patient is a 50 year old male patient with chronic low back pain and a date of injury of 01/06/2000. Previous treatments include medication, injections, chiropractic, and surgery. The patient's most recent chiropractic progress report dated 4/2/13 revealed persistent moderate low back pain and bilateral lower extremities radiation rated 6/10. The current request is for 4 chiropractic treatments with modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x4 with modalities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines for chiropractic

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

Decision rationale: According to the medical records provided for review, the patient has returned to work full duty with no restrictions or limitations. The MTUS Chronic Pain Guidelines' recommended chiropractic care for recurrences/flare-ups is 1-2 visits every 4-6 months when the patient has returned to work. Consequently, the current request for 4 visits

exceeds the MTUS Chronic Pain Guidelines' recommendations. The request is not medically necessary and appropriate.