

Case Number:	CM13-0043398		
Date Assigned:	12/27/2013	Date of Injury:	10/20/2006
Decision Date:	04/18/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/23/2013

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 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:

The mechanism of injury was noted to be a fall. The patient is diagnosed with chronic low back pain, bilateral buttock pain, bilateral lower extremity pain/paresthesia, and constant numbness and tingling in the right foot. His most recent clinical note dated 08/07/2013, indicated that the patient complained of symptoms including low back pain, bilateral buttock pain, and lower extremity pain. His physical examination revealed a positive straight leg raise bilaterally, as well as tenderness to palpation along the midline over his surgical scar. His treatment plan was noted to include chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE (8 SESSIONS): Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, manual therapy and manipulation may be recommended for patients with chronic pain if caused by musculoskeletal conditions, when used to facilitate progression in a therapeutic rehabilitation program and return

to productive activities. For the treatment of the low back, the guidelines recommend that a trial of 6 visits over 2 weeks be completed. Further visits may then be recommended with documented evidence of objective functional improvement. The clinical information submitted for review failed to provide evidence of measurable objective functional deficits to warrant manual therapy and manipulation. Additionally, the documentation did not show whether the patient would be participating in a therapeutic exercise program at the time he is receiving chiropractic treatments. Furthermore, the request for 8 sessions exceeds guideline recommendations of an initial trial of 6 visits over 2 weeks. For the reasons noted above, the request is non-certified.