

Case Number:	CM13-0045328		
Date Assigned:	12/27/2013	Date of Injury:	07/21/2009
Decision Date:	03/20/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 58-year-old female who reported a cumulative trauma injury to her low back on 7/21/09. The patient ultimately underwent posterolateral fusion and posterior interbody fusion, followed by postoperative physical therapy, bracing, aqua therapy, and medications. The patient's most recent clinical examination findings included low back radiating to the right lower extremity, tenderness to palpation over the right sacroiliac joint, positive right hip thrust, positive right Gaenslen's, and positive Yeoman's test. The patient's diagnoses included lumbosacral sprain/strain status post surgery, right knee strain/sprain, right shoulder strain/sprain, and right wrist strain/sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic three times a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The clinical documentation submitted for review does not provide any evidence that the patient has previously had chiropractic treatment. The California MTUS would recommend a six visit trial to establish the efficacy of this treatment modality. As such, the

requested twelve sessions exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested chiropractic care is not medically necessary or appropriate.