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| Case Number: | CM13-0048088 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 07/23/1978 |
| Decision Date: | 02/26/2014 | UR Denial Date: | 10/18/2013 |
| Priority: | Standard | Application Received: | 11/04/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert reviewer is Board Certified in Chiropractor, 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 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 63-year-old female who reported an injury on 07/23/1978. The patient is diagnosed with back pain, lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, and spinal stenosis without neurogenic claudication. The patient was recently evaluated on 10/10/2013. The patient presented with ongoing lower back pain. Physical examination revealed moderate tenderness in bilateral paraspinal muscles, moderately decreased range of motion, and intact sensation. Treatment recommendations included continuation of current medication and additional chiropractic treatment for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care weekly times 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation..

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

Decision rationale: California MTUS Guidelines state manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. The patient

has previously participated in a course of chiropractic treatment for the lumbar spine. Despite ongoing therapy, the patient continued to report persistent lower back pain with radiation to bilateral lower extremities, rated 5/10 to 7/10. Documentation of a significant functional improvement was not provided. Additionally, the current request for 8 sessions of chiropractic treatment exceeds guideline recommendations for a trial of 6 visits over 2 weeks. Based on the clinical information received, and the California MTUS Guidelines, the request is noncertified