

Case Number:	CM13-0057409		
Date Assigned:	12/30/2013	Date of Injury:	12/15/2006
Decision Date:	03/26/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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 available medical records, this is a 63 year old male patient with chronic low back pain and a date of injury of 12/15/2006. Previous treatments include shockwave, physical therapy, acupuncture, medications, injection, right shoulder surgery and home use of an IF unit. Progress report dated 10/01/2013 by [REDACTED] revealed patient's symptoms show no significant change from the previous visit. He states the prescribed medications have been helping him and use of the IF 4 unit at home has helped lessen the intake of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic evaluation and treatment 1x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

Decision rationale: According to the medical records provided for review, this patient has had continued chiropractic treatments prior to this request with no evidence of objective functional improvement. Since the patient has already had chiropractic treatments without evidence of objective functional improvement, the current request for additional chiropractic treatments

exceeds the recommendations from the MTUS Chronic Pain Guidelines. Thus, the request for chiropractic evaluation and treatment 1x4 is not medically necessary and appropriate.