

Case Number:	CM13-0059691		
Date Assigned:	12/30/2013	Date of Injury:	10/05/2010
Decision Date:	03/31/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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 37 year old male with date of injury 10/5/10. The treating physician report dated 10/11/13 indicates a significant flare up of back pain with diagnoses of : 1.Chronic lumbar spine myofascitis, superimposed upon DJD 2.Discogenic back pain The utilization review report dated 11/20/13 states that 12 chiropractic sessions are not certified based on lack of documentation of prior treatment and response to care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatment 2 times a week for 6 weeks for the Lumbar Spine:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The patient presents with a flare-up of lower back pain. The treating physician stated on 10/11/13 that the patient was made P&S but he was not given future medical care. The report indicates that a previous flare up occurred on 4/29/13 and chiropractic care was recommended 2x6 but was denied and not

received. The current request for chiropractic 2x6 lumbar spine is not supported in the MTUS guidelines. There is no way to tell from the documentation provided if the patient has ever received any chiropractic treatment. If this request was an initial request the MTUS guidelines state "Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The request for 12 sessions is beyond what the trial of 6 visits recommend. If the current request is for recurrences/ flare-up then the guidelines state "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." Again the request for 12 sessions is beyond the recommendations for recurrences/flare-ups. Recommendation is for denial.