

Case Number:	CM13-0060022		
Date Assigned:	12/30/2013	Date of Injury:	01/08/2009
Decision Date:	03/25/2014	UR Denial Date:	11/18/2013
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 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 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:

According to the available medical records, this is a 72 year old female patient with chronic knees and low back pain, multiple date of injury in 1995, 1996, 2001, 02/03/2006 and 01/08/2009. Previous treatments include right knee and lumbar surgeries, medications, physical therapy, injection, cane and modified work. Progress report dated 09/12/2013 by [REDACTED] revealed low back pain that is constant, daily, difficulty walking and performing activities of daily living such as vacuuming; L/S AROM decreased in all ranges with pain L1-L3 bilaterally, DTR's diminish, positive Kemp's test with pain L1-L3 bilaterally; diagnoses include sciatica and lumbar degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic therapy, 3 times a week for 4 weeks; 2 times a week for 4 weeks; once a week for 4 weeks to the L/S: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Chronic Pain Page(s): 58-59.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS guidelines recommend chiropractic manipulation as therapeutic for chronic low back pain with a trial of 6 visits over 2 weeks with evidence of objective functional improvement. The request for chiropractic treatment, 3 times a week for 4 weeks then 2 times a week for 4 weeks then 1 time a week for 4 weeks, totaled of 24 visits over 12 weeks exceeded the guideline recommendation and therefore, not medically necessary.