

Case Number:	CM13-0061652		
Date Assigned:	01/03/2014	Date of Injury:	10/14/2011
Decision Date:	03/27/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

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 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:

The patient is a 54 year old male who was injured on 10/14/2011 while getting out of a car and felt a pain in his lower back. Prior treatment history has included physical therapy. Medications included amlod./ benaz., and lovastatin. Diagnostic studies reviewed include MRI performed 12/13/2011 revealed massive herniated disc on the left side of L4-5. Clinic note dated 11/07/2013 documented the patient to have complaints of a flare-up and he was experiencing more back pain. Objective findings on exam included the back was tender. There was increased pain, especially with extension. Clinic note dated 07/25/2013 documented the patient to have complaints of ongoing lower back pain that radiated to the left leg. Clinic note dated 12/28/2013, there was an authorization for an epidural injection. It was decided to opt out and not do the injection at that point, but the patient's symptoms were persistent and on and off without improvement. Decision for 12 chiropractic sessions for the lumbar spine was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for twelve (12) chiropractic sessions for the lumbar spine: Upheld

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

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

Decision rationale: As per the California MTUS Guidelines, chiropractic is indicated to provide subjective or objective functional improvement. Documentation provided shows the patient had an average pain that rated 1-2/10. There were no positive objective findings provided in any of the provided medical reports. Further the request for 12 P.T. visits would far exceed the guidelines on duration or the frequency. Chiropractic visits are recommended 1 to 2 times per week for the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Patient has not had any previous chiropractic treatment. The request is denied.