

Case Number:	CM13-0065378		
Date Assigned:	01/03/2014	Date of Injury:	09/08/1998
Decision Date:	06/20/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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 Care, 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 47-year-old patient with chronic low back pain, date of injury September 8, 1998. Previous treatments records not available for review. Progress report dated November 21, 2013 by the treating doctor revealed chronic lumbar disease and he is permanent and stationary, he has noted increased in discomfort. Exam revealed well-developed male in no apparent distress, he has tenderness to palpation over the lower lumbar SI articulation and lower lumbar spine around L5-S1, pain increased with flexion and extension. Treatment plan include medications and chiropractic 1x6 weeks. Patient to return to regular work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 1X 6WKS LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, 58-59.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend one to two chiropractic visits every four to six months for flares- up of chronic low back pain. The request for chiropractic care for the lumbar spine, once weekly for six weeks, exceeds the guideline recommendation and therefore is not medically necessary or appropriate.