MAXIMUS Federal Services

Case Number:	CM13-0065775		
Date Assigned:	01/03/2014	Date of Injury:	05/14/2013
Decision Date:	03/28/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	12/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed is Chiropractics 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 42 year old male patient with chronic coccyx and low back pain, date of injury 05/14/2013. Previous treatments include hot/cold pack, cushions, back support, medication, topical gel, physical therapy and chiropractic. Doctor first report dated 08/22/2013 revealed complains of back pain. He describes the pain as constant, burning, throbbing, with spasm and tingling. The back pain radiates to the right leg, but he has not had any pain in about 1 Â½ weeks. He does mention that the back pain also radiates up to the shoulder and neck, he experiences an increase of pain when he is sitting longer than an hour or when he is lying on his back. The pain is better with walking using his elliptical machine and applying Polar ice. Examination revealed tenderness in the spine and paraspinal muscles, there is tenderness over the L4-5 spinous processes with reflexive spasm referred to the right paralumbars, there is tenderness over the left paralumbars and there is increasing pain on the sacrum which culminates the sacrococcygeal region. Lumbar ROM decreased with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rehabilitation therapy/ Chiropractic x ten (10) sessions, DFR dated 08/22/2013: Overturned

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: The Expert Reviewer's decision rationale: According to the available medical records, the patient has had 6 sessions of chiropractic therapy and he noticed that this help immensely; he was noting some symptoms of urinary incontinence and chiropractic therapy helped with the urine flow. The patient had returned with modified work with less restriction. Based on the guidelines cited above, the request for rehabilitation therapy and chiropractic x10 sessions is medically necessary.