

Case Number:	CM13-0067259		
Date Assigned:	01/03/2014	Date of Injury:	08/16/2001
Decision Date:	05/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 Therapy 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 64 year old male patient with chronic low back and right knee pain, date of injury 08/16/2001. Previous treatments include physical therapy, medications, chiropractic, topical pain gels, and modified work. The progress report dated 10/25/2013 by the treating doctor revealed constant moderate, 5-8/10 low back pain that is ongoing, variable symptoms since last visit. The exam noted patient is obese, ROM flexion 45/60, extension 25/25 with pain, left lateral bending 25/25 with pain, right lateral bending 25/25 with pain; muscle spasm, thoracolumbar junction moderate, moderate tenderness on palpation at lumbosacral junction. Positive Kemps bilaterally, positive dual leg raise. The treatment schedule is 3 office visit: SMT T-Spine, L-Spine, traction, muscle stimulation, therapeutic exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT, QUANTITY 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: According to the available medical records, this is an ongoing chronic low back pain that the patient has had experienced over the past 12 years. There is no documentation of a recent recurrences or flares-up. Based on the guidelines cited above, the request for chiropractic treatments is not medically necessary.