

Case Number:	CM13-0069870		
Date Assigned:	01/03/2014	Date of Injury:	06/09/2011
Decision Date:	04/22/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	12/23/2013

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 Services, and is licensed to practice in Texas. 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 49-year-old male with a date of injury of 06/09/2011. The patient is diagnosed with low back pain, disc disorder lumbar. The patient was seen on 12/13/2013 for a re-evaluation. The patient in for low back pain, stated pain level has decreased since last visit. The patient denies any change in the location of pain, and no problems or side effects from medication. It is noted that the patient is continuing to exercise walking 1 mile, also doing home exercise program and stretching. The patient has completed chiropractic sessions and noted 50% to 60% improvement in low back symptoms. On examination, the patient noted positive for back pain, joint pain, muscle pain, and stiffness. On exam, the physician noted no limitation in range of motion. On palpation, paravertebral muscle, spasm, tenderness, and tight muscle band is noted on both the sides.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment # 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58.

Decision rationale: The patient has diagnosis of low back pain, disc disorder lumbar. The patient was seen on 12/13/2013 with complaints of low back pain but did note that the pain level has decreased since the last visit. The patient noticed that activity level has increased, continuing daily home exercise program, and helping care for his children. The patient also continues to exercise walking 1 mile. The patient has noted 50% to 60% improvement in low back symptoms, completion of chiropractic sessions. Per California Guidelines, chiropractic therapy is recommended, must show positive symptomatic or objective measureable gains in functional improvement, facilitate in the progression of patient's therapeutic exercise program or return to productive activities. The 12/13/2013 office note does not adequately document functional improvement from the chiropractic sessions. Therefore, the request is non-certified.