

Case Number:	CM14-0007601		
Date Assigned:	02/07/2014	Date of Injury:	05/06/2010
Decision Date:	06/23/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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 Chiropractor 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 has submitted a claim for left ankle sprain, status post carpal tunnel release, right (12/06/2012) and left (02/05/2014), status post cervical fusion (04/09/2012); associated from an industrial injury date of 05/06/2010. Medical records from 07/17/2013 to 02/03/2014 were reviewed and showed that patient complained of intermittent low back pain, graded 2-3/10. Physical examination showed restricted range of motion to pain. Treatment to date has included Terocin, capsaicin/methyl salicylate/menthol/lidocaine compound, Voltaren, Protonix, Tramadol, dexamethasone injection, bilateral carpal tunnel release, and cervical fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CHIROPRACTIC VISITS ONE TIME A WEEK FOR SIX WEEKS TO LUMBAR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual therapy & manip.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation, Page(s): 58.

Decision rationale: Page 58 of CA MTUS Chronic Pain Medical Treatment Guidelines states that manipulation for the low back is recommended for chronic pain if caused by musculoskeletal symptoms. There should be a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case, patient complains of intermittent low back pain with limitation of range of motion to pain. The medical records submitted for review showed no previous trials of chiropractic therapy. The guideline criteria have been met. Therefore, the request for outpatient chiropractic visits one time a week for six weeks to lumbar is medically necessary and appropriate. .