

Case Number:	CM14-0007665		
Date Assigned:	02/12/2014	Date of Injury:	08/29/2012
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/21/2014

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 licensed in 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:

The patient is a 40 year old male who sustained an alleged work-related injury on 8/29/12. According to a progress report dated 12/12/12, the patient was carrying a bag of peaches and tripped over the border of a tree and stumbled. The patient complained of injury to the right knee and low back. An MRI of the lumbar spine was performed on 12/17/13 revealing L4-L5 mild broad-based disc bulge, posterior and bilateral, and may be causing mild encroachment on L4 nerve roots. Mild ligamentum flavum and facet hypertrophy, disc dessication throughout the lumbar spine and most pronounced at L4-L5. A treatment note dated 1/13/14 states that the patient presented with low back pain and spasm and 6/10 pain. Pain in the knee was 10/10 and tenderness to palpation was noted in the lumbar paravertebral muscles without evidence of muscle spasm. The provider notes that the patient has had a good response to chiropractic care and requests continued chiropractic care of 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 CHIROPRACTIC TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-59.

Decision rationale: The provider has requested 8 additional chiropractic treatment sessions and the patient has completed at least 31 sessions so far without sustained subjective or objective improvement. Thus, the treatment is of a palliative/elective care nature versus objective functional improvement. California MTUS clearly states that a total of up to 18 visits with documented functional improvement are supported. Additionally, California MTUS states that elective/maintenance care is not medically necessary. Therefore, the request for 8 additional chiropractic sessions remains not medically necessary.