

Case Number:	CM14-0007948		
Date Assigned:	02/10/2014	Date of Injury:	03/02/1993
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
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 55 year old male who was injured on 03/21/1993. The mechanism of injury is unknown. PR-2 dated 11/27/2013 documented the patient with complaints of moderate to severe pain over the last 2-3 days. Pain restricts movement and interrupts sleep. Low back Oswestry 64% today. Objective findings on examination reveal tenderness to palpation, 4+ L1 to S1 in bilateral paravertebrals. Thoracolumbar range of motion restricted in flexion 60/90 degrees and extension 10/30 degrees. +4 myospasm in deep low back musculature. Straight leg raising positive bilaterally for increased low back pain. The diagnoses are lumbar disc disorder and lumbar muscle spasm. The utilization report dated 12/27/2013 denied the request for outpatient chiropractic treatment for chronic lumbar pain. "Failing to control long term stability is no longer effective and other forms of medical care could be considered. Therefore, to continue with the same or similar therapy is no longer reasonable or medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 ADDITIONAL OUTPATIENT SESSIONS OF CHIROPRACTIC TREATMENT FOR CHRONIC LUMBAR PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: As per California MTUS guidelines, chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. It is noted in the medical records that this patient sustained injury 20+ years ago. This patient has sustained aggravation/flare-ups of symptoms. The request is for 3 additional visits, however based on the information, the guidelines recommend if RTW achieved then 1-2 visits every 4-6 months is recommended. Also, the medical records does not detail how many visits he has completed so far. The guidelines limits to a maximum of 24 chiropractic visits per industrial injury. Thus, the guidelines criteria have not met and the request is not medically necessary.