

Case Number:	CM14-0008208		
Date Assigned:	02/12/2014	Date of Injury:	06/26/2006
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/22/2014

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 Chiropractic, 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 33 years old male patient with chronic low back pain, date of injury 06/26/2006. Previous treatments include medications, chiropractic and massage therapy. Visit note dated 01/09/2014 by the treating doctor reported chronic low back pain, 4/10 with use of medications and 7-8/10 without medications. The patient is working at this time as a computer engineer full time and is able to tolerate this generally well but does aggravate his pain some. Objective findings revealed well-developed, well-nourished and cooperative patient. The patient was alert and oriented and there were no signs of sedation. Patient's gait was grossly normal and non-antalgic. Patient continues to have chronic low back pain. He was not considered a surgical candidate. Patient does not wish to have lumbar epidural steroid injection. He does have a lumbar MRI showing disc protrusion with possible bilateral S1 nerve root irritation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF CHIROPRACTIC TREATMENT BETWEEN 12/17/2013 AND 1/31/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGE 58

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 58-59

Decision rationale: Review of records shows that the employee has had 6 chiropractic treatments between 07/05/2013 and 08/19/2013, however, there are no treatment records available for review. There is no document of objective functional improvement from those treatments. The available medical records noted that the employee is tolerating work well and without any functional disability. Based on the guidelines cited above, the request for additional 12 chiropractic sessions is not medically necessary.