

Case Number:	CM14-0009186		
Date Assigned:	02/14/2014	Date of Injury:	12/12/1983
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/23/2014

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 59 years old male patient with chronic low back pain, date of injury 12/12/1983. The previous treatments are unknown over the past 30 years, and recent treatments include medications, chiropractic, injection, lumbar corset and home back exercises and stretching. A doctor report dated 06/14/2013 revealed patient with complaints of low back pain that he described as left radiating leg pain subsequent to two days spent bent over sealing the pavers on his driveway. He had no specific new accident. He now complains of pain down his left leg which is aggravated by standing and walking; it is helped when he sits or lies down. Lumbar spine flexion 90 degrees, side bend and extension 20 degrees, SLR is 90 degrees on the right and 85 on the left. He has normal motor and sensory testing on both lower extremities. Patient can continue to work as a Landscape Contractor Supervisor.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTOR TREATMENTS X24 FOR DATE OF SERVICE JUNE 2013 TO DECEMBER 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy/Manipula.

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

Decision rationale: The CA MTUS guidelines recommend chiropractic treatment as an option for chronic low back pain with a trial of 6 visits over 2 weeks, with evident of objective functional improvement, total up to 18 visits over 6 to 8 weeks. The request for 24 visits from June 2013 to December 2013 exceeded the guidelines recommendation and therefore, not medically necessary.