

Case Number:	CM14-0104210		
Date Assigned:	07/30/2014	Date of Injury:	06/18/2009
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 06/18/2009. On 05/27/2014, the primary treating physician submitted a PR-2 report. The patient reported a flare in low back pain and reported need to sleep on an air mattress due to this. On exam, the patient was tender in the lumbar spine with mild spasm on the right. Range of motion was deferred due to pain. Overall, chiropractor was recommended for eight visits for flare of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on manual therapy and manipulation recommends that for recurrences/flare-ups of symptoms, return to work should be achieved in 1-2 visits every 4-6 months is indicated. The current request is for an extended set of eight chiropractic sessions.

Overall, the medical records and treatment guidelines do not support this request. This request is not medically necessary.