

Case Number:	CM14-0108872		
Date Assigned:	08/01/2014	Date of Injury:	09/19/2003
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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 Chiropractic, has a subspecialty in Acupuncture 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 48-year-old male with a date of injury of 9/19/2003. According to the progress report dated 10/23/2013, the patient complained of bilateral lower back pain. The pain was rated at 5/10 and was present 50% of the time. Significant objective findings include restriction in T10-12, L1-L5, hypertonic lumbar spine musculature, mild/moderate edema in the lumbar spine and sacral regions. The Range of motion was decreased with pain. The patient was diagnosed with lumbago, lumbar myofascial pain, pelvic/thigh pain, thoracalgia, lumbar spine segmental dysfunction, and sacral segmental dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The provider's request for chiropractic care 2-4 times a month as needed is not medically necessary at this time. The MTUS guidelines recommend manipulation as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective

functional improvement. The patient had at least 18 chiropractic sessions to date. There was no evidence of objective functional improvement in the submitted progress report. In addition, there was no documentation of exacerbation of the low back for which the guideline recommends 1-2 visits every 4-6 months. Based on the submitted records and evidence-based guidelines, the provider's request is not medically necessary at this time.