

Case Number:	CM14-0109362		
Date Assigned:	09/16/2014	Date of Injury:	12/04/2012
Decision Date:	11/26/2014	UR Denial Date:	06/30/2014
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 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 47 year old male with chronic low back pain and right shoulder pain, date of injury is 12/04/2012. Previous treatments for the low back include medication, physical therapy, chiropractic, and injections. Progress report dated 06/17/2014 by the treating doctor revealed the patient has finished chiropractic visit and is almost done with physical therapy with 3 more visits left. Examination revealed some paraspinous tenderness, decreased flexion and extension on lumbar spine on the left side, positive straight leg raises (SLR) on the left, mild loss of lumbar lordosis, mild deficit in muscle strength secondary to guarding with normal distal strength. There is no diagnoses given and the patient is working light duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x a week x 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

Decision rationale: The injured worker presents with ongoing low back pain following his accident injury on 12/04/2012. The available medical records showed he has had chiropractic treatment in 2013, and started chiropractic treatment again on 03/24/2014. However, there no treatment records provided. The total number of chiropractic visits to date is unclear, and there is no evidence of objective functional improvement documented. Based on the guidelines cited, the request for 8 additional chiropractic visits is not medically necessary.