MAXIMUS Federal Services

Case Number:	CM14-0011824		
Date Assigned:	02/21/2014	Date of Injury:	08/09/1997
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/29/2014

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 52 year old female patient with chronic neck and low back pain, date of injury 08/09/1997. Previous treatments include chiropractic, medications, home exercise and physical therapy. Progress report for visit dated 01/10/2014 by the treating chiropractic doctor revealed patient with low back pain, no change in symptoms since last visit, 5/10, aching and spasming. The symptom is exacerbated by walking by cane she can walk longer now. Exam revealed intersegment joint hypo mobility at L5, S1 and SI joint, right lower lumbar paraspinal muscles are mildly tender and hypertonic, left lower lumbar paraspinal muscles are mildly tender and hypertonic. Lumbar flexion and extension are 75% of normal, positive Kemp's test on the right. Treatments include chiropractic and physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT TO THE LUMBAR SPINE 2 SESSIONS PER MONTH FOR 2 MONTHS: 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain page 58-59. Recommended for chronic pain.

Decision rationale: Reviewed of the available medical records showed this patient has been treated with chiropractic and physiotherapy regularly, 2-3xs per month since July 2013, totaled of 26 chiropractic visits per UR letter. The frequency and number of visits the patient had received appear to be maintenance/elective care which is not recommended by CA MTUS guideline. Therefore, the request for 4 chiropractic visits over the next 2 months is not medically necessary.