

Case Number:	CM14-0012506		
Date Assigned:	02/21/2014	Date of Injury:	02/25/2004
Decision Date:	06/26/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/30/2014

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 years old female patient with chronic lower back pain, date of injury 02/25/2004. Previous treatments include chiropractic and physical therapy. The latest progress report dated 10/30/2013 by the treating doctor revealed patient with sudden flare-ups of her back pain after 20 minutes of unpacking her daughter clothes. The patient is noted standing in an antalgic stance. Low back symptoms are constant, severe, ache, throbbing pain and stiffness, 9/10. Soreness and spasms on the neck. The pain radiated to right shoulder blade, 6/10 and frequently. Ache and soreness on the upper back, 4/10 and frequently. Occasional right shoulder ache, 2/10. +5 asymmetry, adema, restricted motion, stiffness, subluxation was found in right pelvis, bilateral L3, L5, sacrum. +5 edema, hypertonicity, restricted motion, stiffness was found in lumbosacral spine. Muscle spasm are found in right shoulder, cervical and thoracolumbar spine. Foraminal Compression is positive on the right. Shoulder Depressor is positive on the right. Soto hall is positive. Cervical distraction is positive. In the lower back, Minor's sigh is positive, Valsalva is positive, Lindner's is positive. Bilateral leg raise is positive. SLR is positive at 60 degrees on the left. Derifield is positive on the right. Nachlas is positive bilaterally. Ely is positive bilaterally. Kemp's is positive on the left and right. Bilateral +3 cervical extensors, +5 Sacrospinalis, +3 Scalene Anticus and splenius capitis, hypertonicity, inflammation, muscle guarding and splinting spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 CHIROPRACTIC SESSIONS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , CHRONIC PAIN, 58-59.

Decision rationale: There are monthly progress reports by the treating doctor from 05/01/2013 to 10/30/2013 that document flares-up of the patient low back pain and requesting 2-3 chiropractic and physiotherapy visits every time. CA MTUS guidelines do not recommend chiropractic care for maintenance and only recommend 1-2 visits every 4-6 months for flare-ups. The request for ongoing 2 chiropractic sessions very month or so is not supported by the guideline and therefore, not medically necessary.