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| Case Number: | CM14-0015402 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 05/09/2009 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/04/2014 |
| Priority: | Standard | Application Received: | 02/06/2014 |

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 Chiropractic Medicine 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 64 year old male patient with chronic low back pain, date of injury 05/09/2009. Previous treatments include medications, surgery of the lumbar spine, injection, chiropractic, bracing and physical therapy. There are no medical records pertaining to this request for treatments available for review. Progress note dated 08/07/2013 by the treating doctor reports a discussion about chiropractic treatment with the patient and the doctor did recommend he should try several visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

NINE CHIROPRACTIC VISITS FOR THE LUMBAR SPINE: 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, MANUAL THERAPY & MANIPULATION, 58-59

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, 58-59

Decision rationale: There are no treatment records for chiropractic available for review. I have no information about the number of visits the patient has had and any functional improvement.

However, the request for 9 chiropractic visits for the lumbar spine exceeded CA MTUS guidelines recommendation of 6 initial visits; therefore, it is not medically necessary.