

Case Number:	CM14-0016772		
Date Assigned:	04/11/2014	Date of Injury:	02/29/2012
Decision Date:	05/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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:

The patient is a 51 year old female who suffered injuries to her lower back on 2/29/12. Per the primary treating physician's report the patient is complaining of persistent low back pain, which she describes as a shooting pain. The patient has been treated with medications, physical therapy, trigger point injections, acupuncture and chiropractic care. Diagnoses assigned by the treating chiropractor are lumbar radiculitis and lumbar spondylosis with myelopathy. Diagnostic imaging studies and/or EMG/NCV studies are not available in the records provided. It is not known if they were ever performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 3 TIMES A WEEK TIMES 4 WEEKS FOR THE BACK: 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 Official Disability Guidelines

Decision rationale: According to the utilization review notes, 12 sessions of chiropractic care have already been completed. However, there are no chiropractic records in the materials

submitted for review that show objective functional improvement. Without these records, it is not possible to review for objective functional improvement with the already rendered chiropractic care. The Official Disability Guidelines recommend additional chiropractic care for flare-ups with evidence of objective functional improvement. Absent these findings, the request for chiropractic care is noncertified.