

Case Number:	CM14-0018817		
Date Assigned:	04/23/2014	Date of Injury:	01/19/2011
Decision Date:	07/02/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/14/2014

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 Chiropractics 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 37-year-old female patient with chronic low back pain, date of injury 01/19/2011. Previous treatments include chiropractic, medications, and modified work. Treating doctor's progress report dated 10/17/2013 revealed pain in lumbar spine, right leg pain, left leg pain, right leg numbness and left leg numbness. Exam revealed limited motion in the lumbar spine, lumbar muscle spasms, positive straight leg raising (SLR), Fabere and Kemps tests. Treatment plan include specific chiropractic adjustments, electrical muscle stimulation, intersegmental traction and soft tissue mobilization every 6 weeks for 2 months. Progress report dated 11/27/2013 revealed patient has good and bad days, pain in the lumbar spine, right leg pain, left leg pain, right leg numbness and left leg numbness, limitation of motion in lumbar spine, lumbar muscle spasms, positive SLR, Fabere and Kemps Tests. Treatment plan also include chiropractic adjustments, electrical muscle stimulation, intersegmental traction and soft tissue mobilization 1 time for 6 weeks. Progress report dated 01/08/2014 is no different with the request for chiropractic adjustments, electrical muscle stimulation, intersegmental traction and soft tissue mobilization 1 time every 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: CHIROPRACTIC THERAPY SESSIONS; 10/17/13, 1/27/13, 1/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

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

Decision rationale: The available medical records from the treating doctor did not document and recent flares up but suggest that the patient receive treatment 1 every 6 weeks. CA MTUS do not recognize maintenance care as medically necessary and therefore, the request for chiropractic therapy sessions on 10/17/13, 11/27/13, 1/8/14 is not recommended.