

Case Number:	CM14-0112871		
Date Assigned:	08/01/2014	Date of Injury:	06/04/2012
Decision Date:	10/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/18/2014

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 39 year old female patient with chronic low back pain; date of injury is 06/04/2012. Previous treatments include medications, radiofrequency, facet block, physical therapy and chiropractic. Progress report dated 06/12/2014 by the treating doctor revealed patient with bilateral thoracic back pain and bilateral upper lumbar back pain. Examination revealed thoracic spasm, tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L1-4 facet joints and the thoracic paraspinal muscles overlying the bilateral T5-9 facet joints, lumbar extension was worse than lumbar flexion, thoracic ROM were mildly restricted by pain in all directions, thoracic facet joint provocative maneuvers were mildly positive. Diagnoses include bilateral thoracic facet joint pain, thoracic facet joint arthropathy, status post positive fluoroscopically-guided diagnostic bilateral L1-2 and L2-3 facet joint medial branch block, lumbar facet joint arthropathy, lumbar sprain/strain, status post positive fluoroscopically-guided diagnostic bilateral T10-11 and T11-12 facet joint medial branch block, bilateral thoracic facet joint pain, thoracic facet joint arthropathy, thoracic sp/st. The patient continues to work on modified duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic therapy sessions for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: The patient presents with chronic low back pain that failed to response to physical therapy, NSAIDs and conservative treatments. The patient reportedly has had chiropractic treatments in 2012 with some relief. However, there is no treatment records available and no evidences of objective functional improvement documented; the patient continue to have ongoing pain in her thoracic and lumbar spine that required further invasive treatments such as radiofrequency and injection. The request for 8 chiropractic visits also exceeded the guidelines recommendation for 6 trial visits over 2 weeks. Therefore, it is not medically necessary.