

Case Number:	CM14-0117945		
Date Assigned:	08/22/2014	Date of Injury:	09/06/2001
Decision Date:	09/25/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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 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 66 year old male patient with chronic low back pain, date of injury 09/06/2001. Previous treatments include medications, chiropractic, L4-5 micro-discectomy, physical therapy. Progress report dated 04/30/2014 by the treating doctor revealed patient come in with back pain. He reports that the case was settled, but he has still been getting chiropractic care for his back pain including massage, manipulation and stretching, these services has been using weekly to every other week. He reports that he gets a lot of stiffness and pain. General examination revealed stiff back, pain with twisting and bending, cross leg test positive. Diagnoses include back pain, hypertension and asthma. Letter dated 06/16/2014 by the treating chiropractor revealed patient complains of lower back pain, hip pain, knee pain, radicular pain in legs, righth sacrum to buttock to knee, left sacral area to buttock, numbness, tingling, mid-back pain and neck pain. The patient responds well to chiropractic treatment when it is accompanied by therapeutic massage and when it is consistent. Activities of daily living greatly aggravate his condition. When he is placed on a continuous treatment plan he stabilized and the treatment frequency can be reduced. However when the treatment schedule is halted for any reason including utilization review he regress and experiences a flare of symptoms. The longer he lacks care the more intense his symptoms become. When the patient does return for care his treatments must be frequent and consistent. The provider recommended a minimum of once a week chiropractic treatment with a therapeutic massage for the next 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 1 time a week for 3 months quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES Page(s): 48.

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

Decision rationale: The available medical records showed this patient has been receiving ongoing chiropractic treatments once a week or at least every other week. However, there is no document of long lasting objective functional improvement. The treatment appear to be maintenance for this patient. While CA MTUS guidelines do not recommend chiropractic treatments for maintenance of chronic low back pain, the request for chiropractic 1x a week for 3 months for this patient is not medically necessary.