

Case Number:	CM14-0125484		
Date Assigned:	08/11/2014	Date of Injury:	08/28/2010
Decision Date:	09/11/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/07/2014

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 34 year old male patient with chronic low back pain, date of injury 11/10/2011. Previous treatments include physical therapy, aquatic therapy, medications, injections, localized intense neurostimulation therapy, chiropractic and home exercises. Progress report dated 07/14/2014 by the treating doctor revealed the patient with lumbar spine spasm, reduced ROM, sensory decreased on right S1 and muscle tenderness, medications and cream helped temporary, the patient probably need surgery. Diagnoses include lumbar discopathy with right sciatica. The patient remained off work for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Sessions x 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain page 58-59.

Decision rationale: This patient chronic low back pain is almost 3 years, and he has had physical therapy, medications, injections, and chiropractic and home exercises. The number of chiropractic visits is unknown but there is no evidences of objective functional improvement. The patient remained off work. Based on the guidelines cited above, the request for eight chiropractic sessions is not medically necessary.