

Case Number:	CM14-0139713		
Date Assigned:	09/05/2014	Date of Injury:	10/29/1996
Decision Date:	11/05/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 71 year old man with a date of injury of 10/29/96. He was seen by his primary treating physician-chiropractor on 11/1/13 (most recent note) and was feeling minimal symptoms and had recovered from his recent flare of lower back pain extending to his lower extremity. His exam showed minimal paraspinal myotension. His diagnoses were lumbar sprain and sciatic neuralgia - left. The note indicates that he completed treatments and was not scheduled for further chiropractic sessions. At issue in this review is the request for additional chiropractic sessions x 13 for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Visits for Low Back Qty. 13: 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 9792.20 - 9792.26 Page(s): pages 58-59.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement

that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In this injured worker, chiropractic care provided relief and there are no records to indicate why he requires additional chiropractic therapy at this point. The records do not indicate that he is not able to return to productive activities or that he is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of an additional 13 sessions of chiropractic visits targeting his low back.