

Case Number:	CM14-0150821		
Date Assigned:	09/19/2014	Date of Injury:	02/25/2004
Decision Date:	10/22/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/09/2014

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 71 year old female patient with chronic low back pain with date of injury on 02/25/2004. Previous treatments include chiropractic, home exercises and medications. There are no other treatments records available for review. Progress report dated 02/13/2014 by the treating doctor revealed patient was doing fairly okay. She is flared up about once a month and is working 20 hours a week. It was noted that as long as she gets 1 chiropractic treatment per month she can manage her pain. The treating doctor requested ongoing chiropractic treatments once a month for the next 6 months. Progress report dated 08/07/2014, by the treating doctor revealed patient with flare ups of low back pain which shoot down the right leg that she considers severe about every 6 weeks or so. She continued to work 20 hours a week. She has completed 6 chiropractic sessions last 6 months. Exam noted tenderness above the lumbosacral junction that appears to be at L4-5 level, extended out towards the paraspinal muscles bilaterally and up the spine to about T9-12, muscle spasm over the right side of thoracolumbar ribs and decreased motion with extension. Diagnoses include low back pain with MRI showed disc desiccations, facet arthritic changes and foraminal stenosis, right knee pain, right ankle pain and neck pain. Treatment plan include 6 sessions of chiropractic over 4-6 months and 6 sessions of massages.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Visits for The Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with ongoing low back pain that she noted flares up every 6 weeks or so, although there is no document of reason and/or mechanism of any particular flare up. The medical records showed the patient has been treated with chiropractic on a monthly basis, at least for the last 6 months. The current request is for continue of ongoing chiropractic 6 sessions over the next 4 to 6 months. Ongoing treatments and periodic treatment of once a month appear to be maintenance care, which is not recommended by MTUS guideline. Therefore, it is not medically necessary.