

Case Number:	CM14-0155051		
Date Assigned:	09/25/2014	Date of Injury:	06/24/2012
Decision Date:	12/03/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/22/2014

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, has a subspecialty in Acupuncture 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:

The patient is reported to be a 67 year old male with a reported date of injury of 6/24/12. The patient reported to [REDACTED] on 8/7/13 with increased lower back pain following a recent incident where he stepped of a curb wrong resulting in lower back pain radiating to the right leg and buttocks. Examination findings reported paralumbar tenderness extending into the right upper buttocks. 6 Chiropractic visits were prescribed (2x3). The UR determination of 8/19/14 supported a modified course of Chiropractic care, 2 sessions based on the provider's progress report of 8/9/14 and the CAMTUS Chronic Treatment Guidelines-Manual therapy & manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO MANIPULATION 2 TIMES WEEKLY FOR 3 WEEKS, LUMBAR SPINE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Chronic Pain Medical Treatment Guidelines: Recommended: Therapeutic: Trial of 6 over 2 wks, with functional improvement, 18 over 6-8 weeks. Elective/maintenance

care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate success, if RTW: 1-2 every 4-6 months. Therefore the request for 6 Chiropractic visits exceeds guidelines as referenced and should be denied.