

Case Number:	CM14-0167499		
Date Assigned:	10/14/2014	Date of Injury:	10/26/2013
Decision Date:	11/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 32 year old male with chronic low back pain, date of injury is 10/26/2013. Previous treatments include medications, physical therapy, and acupuncture. Progress report dated 09/15/2014 by the treating doctor revealed patient complains of constant low back pain, 6/10. Lumbar spine exam revealed decreased sensation over the entire right lower extremity, nondermatomal, ROM: flexion 70, extension 25, lateral bend 25/25, rotation 30/30, normal gait, ok with heel walk, unable to toe walk. The patient returned to modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2 Times A Week For 4 Weeks for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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

Decision rationale: The claimant presents with ongoing low back pain that failed to improve with medications, acupuncture and physical therapy. According to MTUS guidelines, a trial of 6 chiropractic visits over 2 week might be recommended as an option, with evidences of objective

functional improvement, total up to 18 visits over 6-8 weeks. However, the request for Chiropractic Therapy 2 Times A Week For 4 Weeks exceeded the guideline recommendations. Therefore, requested Chiropractic Therapy 2 Times A Week For 4 Weeks is not medically necessary.