

Case Number:	CM14-0170861		
Date Assigned:	10/23/2014	Date of Injury:	06/19/2008
Decision Date:	11/25/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/16/2014

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:

The injured worker is a 60 year old female who was injured on 6/19/08 while lifting heavy boxes of frozen product. She received injuries to her thoracic spine and lumbar spine with bilateral radiculitis to the lower extremities the left greater than right. The injured worker was diagnosed with thoracic sprain strain (one level disc protrusion), lumbar degenerative joint disease with multi level disc protrusion. Prior treatment has consisted of medications, acupuncture, massage, home exercises, chiropractic, physical therapy and epidurals. According to the records there were two MRIs of the lumbar spine completed on 6/11/10 and 7/20/12 verifying the above diagnosis. On 8/26/08 a MRI of the thoracic spine verified the above diagnosis. There is no reason for the recent flare-up of low back pain, resulting in a 10 out of 10 pain scale level with cramping into both legs. The doctor is requesting chiropractic treatment of 2 times per week for 4 weeks on the lumbar spine and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic twice a week for four weeks (8 total sessions) for the lumbar spine and lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Low Back chapter, Manipulation subheading, Chiropractic Guidelines

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

Decision rationale: The amount of previous chiropractic care and how the patient responded is not documented. According to MTUS Chronic Pain Guidelines the doctor must give "objective measurable gains in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. This has not been given in the records Also the amount of visits is not per the guidelines. Therefore the treatment is not medically necessary.