

Case Number:	CM14-0177650		
Date Assigned:	10/31/2014	Date of Injury:	09/13/2013
Decision Date:	12/12/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/27/2014

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:

According to the available medical records, this is a 37 year old male with chronic neck and back pain, date of injury is 09/13/2013. Previous treatments include medications and chiropractic. There are no other treatment records available. Progress report dated 09/25/2014 by the treating doctor revealed patient complains of frequent dull lumbo/sacral pain, pain is made worse with flexion at the waist, torso rotation, prolonged static positions at rest, prolong sitting, standing and walking greater than 1 hour, lifting/carrying greater than 100 pounds, pushing/pulling greater than 100 pounds. Objective findings include pain with lumbar range of motion (ROM), positive Braggard's and Fabere's tests, Milgrams test positive with pain to the lumbar spine. The diagnoses include lumbosacral sprain/strain, lumbar disc, myalgia or myositis. The patient returned to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic three (3) times per week for two (2) weeks for the lumbar spine QTY: 6:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: The claimant presents with chronic lower back pain despite previous treatments with medications and chiropractic. According to the UR letter dated 10/08/2014, the claimant has completed 12 chiropractic treatments to date. However, there are no treatment records available for review, and no document of objective functional improvement with previous chiropractic treatments. Based on the guideline cited, the request for additional 6 chiropractic treatments for the lumbar spine is not medically necessary.