

Case Number:	CM14-0184703		
Date Assigned:	11/12/2014	Date of Injury:	05/28/2008
Decision Date:	12/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/05/2014

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 a licensed Chiropractor 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 48 year old male with chronic low back pain and neck pain, date of injury is 05/28/2008. Previous treatments include pain medications, physical therapy, injections, chiropractic, home exercises and activities modification. Progress report dated 09/08/2014 by the treating doctor revealed patient complains of pain about 6/10 to 6.5/10, which is more or less constant especially with being in one position for a prolonged period or doing prolonged repetitive activity, he will awaken from his sleep about 4-5 times a night because of back pain, intermittent numbness in the toes, pain radiates into the left more than right lower extremity, some associated neck pain. Physical examination revealed lumbar spine flexion at 45 degrees with endpoints of pain, extension 10-15 degrees with endpoints of pain, motor and sensory exam are unremarkable. Diagnoses include low back pain, lumbar radiculopathy, and neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, 8 sessions: Upheld

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

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

Decision rationale: The claimant present with chronic low back pain with over 6 years in duration. Reviewed of the available medical records showed he has had chiropractic treatments before with some improvement. However, there is no previous treatment records available for review, the total chiropractic sessions received is unknown, and no documents of objective functional improvements available. The current request for 8 chiropractic sessions also exceeded California Medical Treatment Utilization Schedule (MTUS) guidelines recommendation for recurrences. Therefore, it is not medically necessary.