

Case Number:	CM14-0021620		
Date Assigned:	06/11/2014	Date of Injury:	04/28/1993
Decision Date:	07/14/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/20/2014

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 Occupational Medicine, and is licensed to practice in Texas. 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 72-year-old male whose date of injury is 04/28/1993. The mechanism of injury is not described. Progress report dated 01/13/14 indicates the injured worker complains of low back pain rated as 5/10. The injured worker reportedly responds favorably to conservative care. He is compliant with all exercise protocol. Diagnoses are lumbosacral sprain/strain, and degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE, 1 SESSION LUMBAR SPINE: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for chiropractic care, one session to lumbar spine is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. CA MTUS guidelines support

1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. The injured worker's compliance with an ongoing active home exercise program is not documented.