

Case Number:	CM14-0022667		
Date Assigned:	05/12/2014	Date of Injury:	07/21/1999
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 Doctor of 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 48 years old female patient with chronic lowback pain, date of injury 07/21/1999. Previous treatments records are not available for review. There are only monthly progress reports by the treating doctor showing the patient has had 2-3 chiropractic visits per month from February to November of 2013. Progress report dated 01/08/2014 by the treating doctor revealed pain in lumbar spine being frequent slight to severe, left sacroiliac pain being frequent slight to severe, and left thigh numbness being frequent minimal to slight. 11/27/2013 re-exam showed L-ROM: flexion -20, extension 5/25 caused lowback pain, left rotation/left lateral flexion decreased 20% all with low back pain. Kemp's Test caused bilateral low back pain, SLR test + at 70 degrees caused low back pain/left leg pain/numbness, mild PVMS in low back, tender left sacroiliac

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC VISITS 4 TO 5 OVER THE NEXT 2 MONTHS FOR THE LOW BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The available medical records indicated that the patient has had on going chiropractic care on a monthly basis since 02/2013 with no evidence of objective functional improvement. CA MTUS do not recommend on going maintenance care as medically necessary and therefore, the request for chiropractic 4-5 times over the next 2 months is not medically necessary.