

Case Number:	CM14-0023029		
Date Assigned:	05/14/2014	Date of Injury:	08/23/2012
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
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 Board Certified 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 45 years old female patient with chronic neck, upper back, low back pain with left buttock, left posterior leg, left posterior knee and left cafe pain, date of injury 08/23/2012. Previous treatments include medications, chiropractic, Progress report dated 12/19/2013 by the treating doctor revealed her cervical and thoracic felt worse since the last visit, 8/10 pain at 100% of the day, worse in the morning, feels stiff, hard to do ADL's. She stated that overall her additional complaint of lumbar, left lumbar, right lumbar, left buttock, left posterior leg, left posterior knee and left calf felt worse since the last visit as well, 8/10 at 100% of the day, can only wear tennis shoes, able to bend easier with treatment. Exam revealed spasm, hpmobility and end point tenderness indicative of subluxation at left pelvis, left sacrum, L5, L4, C7, T3, T1 and T4. Palpation of the muscle revealed hypertonicity in the mid thoraci, left sacroiliac, left pelvic and left buttock, Kemp's test positive left, Lesgue's test was positive on left at 40 degrees, Patrick's Test positive left.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CHIROPRACTIC VISITS 12/19/2013 AND 12/28/: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

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

Decision rationale: According to the available medical records, this patient has had 8 chiropractic treatments from 10/08/2013 to 12/03/2013 with no evidence of objective functional improvement documented. The patient pain level actually increased from 7/10 as noted in the 10/08/2013 report to 8/10 in the 12/19/2013 progress report. Based on the guidelines cited above, the request for additional chiropractic treatments is not medically necessary.