

Case Number:	CM14-0023596		
Date Assigned:	06/11/2014	Date of Injury:	06/10/2002
Decision Date:	11/04/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/25/2014

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 75 year old male with chronic low back pain, date of injury is 06/10/2002. Previous treatments include medications, back support, chiropractic and home exercises. There is no other treatment records available for review. Progress report dated 01/27/2014 by the treating doctor revealed patient with worsened low back pain. Physical examination revealed lumbar ROM restricted in all planes, the patient continues to have problems with his balance, rotations increased low back pain at end play, DTR are 2/4 at L4, L2 is difficult to elicit and S1 is bilaterally, dermatomes of the lower extremities is unremarkable, however, patient reports on and off paresthesias associated with increased low back pain. The patient is retired. It is noted that the patient is recovering from recent brain surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Chiropractic visits with deep transverse massage therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy/Manipulation.

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

Decision rationale: The claimant presents with chronic low back pain with duration of over 12 years. According to the available medical records, he presents with recent flares up of low back pain, eventhough there is no report of events or activities that cause the flare up. While CA MTUS guidelines recommend 1-2 visits every 4-6 months for flares up, the request for 4 chiropractic visits with massage exceeded the guideline recommendation. Therefore, it is not medically necessary.