

Case Number:	CM14-0023784		
Date Assigned:	06/16/2014	Date of Injury:	09/09/2013
Decision Date:	07/28/2014	UR Denial Date:	02/10/2014
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 62 year old male patient with complains of low back pain, date of injury 09/09/2013. Previous treatments include chiropractic, physical therapy, and medications. Progress report dated 01/25/2014 by the treating doctor revealed flaring-up of his low back pain, 6-7/10 which is mostly on the right side with no radiation of numbness or tingling sensations or problems controlling his bowel or bladder. Exam revealed tightness in the back with SLR in the sitting position, lumbosacral paraspinal muscle spasm with tenderness over the right lower lumbosacral facet joints, back flexion and extension is about 20% to 30%, extension and lateral rotation was painful. Impression: low back pain and facet arthropathy on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC THERAPY TIMES SIX FOR THE LUMBAR SPINE:
Upheld

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

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

Decision rationale: UR letter dated 02/10/2014 noted that this patient has prior authorization of 6 sessions of chiropractic treatments; however, there is no treatment records and document of functional improvement available. Based on the guidelines cited above, the request for additional 6 chiropractic sessions for the lumbar spine is not medically necessary.