

Case Number:	CM14-0027935		
Date Assigned:	06/16/2014	Date of Injury:	04/23/2004
Decision Date:	07/25/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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 60 years old male patient with chronic low back pain, date of injury 04/23/2004. Previous treatments include medications, injection, chiropractic, low back surgery. Progress report dated 01/30/2014 by the treating doctor revealed patient come in for follow up of his lumbosacral spine degenerative disc disease status post L3-4, L4-5 and L5-S1 surgical fusion status post L2-3 hemilaminectomy. The patient had a flare up of pain, he is still taking medication as prescribed. Lumbosacral spine exam revealed healed surgical scars, marked tenderness to palpation with slight muscle spasm, restricted ROM and antalgic gait. Assessment includes lumbosacral spine degenerative disc disease, status post L3-4, L4-5, and L5-S1 disc fusion status post L2-3 hemilaminectomy. The patient is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1x wk x 6wks Thoracic/Lumbar/Sacral Spine: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend 1-2 visits every 4-6 months for flare-up of chronic low back pain. The request for chiropractic 1x week for 6 weeks exceeded the guidelines recommendation and therefore, is not medically necessary.