

Case Number:	CM14-0033261		
Date Assigned:	06/20/2014	Date of Injury:	09/26/2011
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/17/2014

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 48 years old male patient with chronic low back pain, date of injury 09/26/2011. Previous treatments include chiropractic, medications, home exercise program and physical therapy. Progress report dated 01/23/2014 by the treating doctor's PA revealed the patient with persistent pain of the low back that is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. Examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments, there is pain with terminal motion, seated nerve root test is positive, dysesthesia at the L5/S1 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 2x4 Weeks: 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 Chronic Pain Page(s): 58-59.

Decision rationale: Reviewed of the available medical records showed this patient has had 20 chiropractic visits from 10/30/2013 to 01/21/2014. CA MTUS guidelien recommended total up

to 18 visits over 6-8 weeks with evidence of functional improvement. The request for additional chiropractic treatments 2x4 exceeded the guideline recommendation and therefore, not medically necessary.