

Case Number:	CM14-0035650		
Date Assigned:	06/23/2014	Date of Injury:	06/19/2013
Decision Date:	07/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/24/2014

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 a Licensed Chiropractor 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:

The injured worker is a 45 year old male with an original date of injury of 6/19/13. The mechanism of injury occurred when the patient was going down the stairs carrying a pig and he took a long step and twisted and hurt his back. Diagnoses included lumbar strain, sacroiliac joint pain and radicular pain. The MRI reported on 1/22/14 indicated transitional lumbosacral junction vertebra, disc degeneration at L3-4 and L4-5 with minimal canal and neural foramen compromise at L4-5. The MRI of the left hip was normal. At this time, the patient is on modified work status. The patient has completed 12 sessions of Physical therapy. The injured worker has also undergone 6 approved chiropractic treatments and has 6 more approved chiropractic treatments pending. There are no documents indicating objective, functional improvement in the patient's condition. The disputed issue is a request for 6 additional chiropractic treatments for the back. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTOR X 6 TREATMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guides (ODG), Chiropractic Guidelines, Therapeutic care.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Section Page(s): 58-60.

Decision rationale: The CA Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic low back pain. The initial trial recommended is 6 chiropractic visits. If prior chiropractic treatment has achieved objective, functional improvement, additional chiropractic care may be approved up to 18 visits over 6 to 8 weeks. In this case, there is no documentation of objective, functional improvement. The requested 6 chiropractic treatments for the back are non-certified.