

Case Number:	CM14-0039430		
Date Assigned:	06/27/2014	Date of Injury:	09/20/2002
Decision Date:	07/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 female patient with chronic neck, thoracic and low back pain, date of injury 09/20/2002. Previous treatments include chiropractic, home exercise, medications. Treatment report dated 01/06/2014 revealed patient comes in with a flare-up of her back pain. Severe constant right low back pain that described as sharp deep ache, aching and throbbing pain, radiating pain and soreness. The symptoms radiate to right hip, thigh, calf and foot, 9/10. Frequent mid back aching, throbbing, bruising and spasms, 8/10. Occasional left side neck pain described as ache, soreness and spasm, 4/10. Palpation revealed asymmetry, edema, hypertonicity, loss of strength, stiffness, muscle spasm, subluxation, motion palpable fixations, paraspinal edema, restricted motions, swelling, tautness, tenderness, weakness was found in right upper leg, lower leg, foot, SI, pelvis, knee, ankle, C2, C5, T4-5, T10, L2, L5, sacrum, hip. Cervical extension is 55/55, flexion 45/45, lateral flexion 40/40 bilaterally, rotation 60/70 bilaterally. Lumbar extension -5/30, flexion 40/90, left lateral flexion 20/40, right lateral flexion 5/40, left rotation 15/30 and right rotation 10/30. Positive Soto Hall, Minor's sign, Valsalva, Lindner's, bilateral leg raise. Fabere's, Derified, SLR, Nachlas, Ely and Kemp's are all positive on the right. The patient was noted to response well the treatment with increased ROM, decreased muscle spasm and fixations, decreased pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 treatment today and 1 more over the next 2 weeks: Overturned

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

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

Decision rationale: According to the medical records, this injured worker appeared to have an acute flare-up of chronic pain in the back and neck. The request for one treatment today and one more visit over the next two weeks is within the guidelines recommendation of 1-2 visits every 4-6 months for flare-ups. Therefore, based on the guidelines cited above, it is medically necessary.