

Case Number:	CM14-0042738		
Date Assigned:	06/30/2014	Date of Injury:	06/09/1979
Decision Date:	07/30/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 70-year-old male with a date of injury of 06/09/1979. Per [REDACTED], the diagnosis is back pain. According to progress report dated 02/27/2014, the patient continues to have chronic back pain with right leg weakness. An examination revealed that the patient is moderately distressed with pain. There is normal strength bulk and tone in muscles of the extremities, and sensations are intact. There is bilateral 5/5 motor in all muscle groups. It was noted that there was a decrease in right leg strength and abnormality in gait. The treatment plan includes, a chiropractic evaluation as well as a psych evaluation. Request for authorization from 03/14/2014 states this request is for chiropractic evaluation 2 times a week for 6 weeks (2x6). Utilization review denied the request on 03/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Evaluation 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58,59.

Decision rationale: This patient presents with low back pain. Review of the medical files, which include progress reports does not provide any discussion of prior chiropractic treatment. It appears that up to now the patient has been participating in physical therapy and taking medication with minor relief. For chiropractic treatments, the guidelines recommend an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement, with a total of up to 18 visits over 6 to 8 weeks. In this case, the medical file does not indicate this patient has previously tried chiropractic treatment. Given the patient's continued pain, a trial of 6 visits may be warranted, but the request for 12 initial sessions exceeds guideline recommendations. As such, the request is not medically necessary.