

Case Number:	CM14-0050677		
Date Assigned:	06/23/2014	Date of Injury:	08/07/2007
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/22/2014

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:

The claimant is a 58-year-old male who was involved in a work injury on 8/7/2007. The injury was described as the claimant "was performing his usual and customary duties as a service technician for [REDACTED]. He states that he was trying to go under a behind a washer when he slipped and fell, causing some boxes to also fall and land on top of him." The claimant initially presented to [REDACTED]. On 4/14/2011 the claimant was evaluated by [REDACTED], MD, for complaints of lower back pain at 2/10 on the visual analogue scale. The claimant was diagnosed with thoracic degenerative disc disease, lumbosacral intervertebral disc disorder without myelopathy, lumbar sprain/strain, and low back pain. The report indicated that the claimant had a flare up of his back complaints and that "chiropractic help [sic] him in past, requesting chiropractic 6 sessions." On 4/20/2011 the claimant presented to the office of [REDACTED], DC, complaining of lower back pain described as constant, dull, burning pain, sharp at times. The claimant was diagnosed with lumbosacral sprain/strain, lumbar disc herniation without myelopathy, sacral subluxation, lumbosacral neuritis/radiculitis, and myalgia/myositis. The recommendation was for a course of 6 chiropractic treatments. On 9/13/2013 [REDACTED] reevaluated the claimant for complaints of new onset of mid lumbar pain and radiculopathy to the left groin. The recommendation was for a new lumbar MRI. On 11/23/2013 [REDACTED] reevaluated the claimant for constant low back pain radiating to the lower extremity. The recommendation was for acupuncture and continued medication. On 3/8/2014 [REDACTED] reevaluated claimant for complaints of a flare-up of his lower back pain. The recommendation was for 6 sessions of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions x 6 of the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 58.

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

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 6 treatments are consistent with this guideline. The claimant complained of an exacerbation of his chronic lower back complaints on 3/8/2014. Given the clinical findings on examination a course of 6 chiropractic treatments can be considered appropriate. The claimant has received chiropractic treatment in the past with what appears to be overall functional improvement. Treatment has been on a sporadic basis for exacerbations. Therefore, I recommend certification of the requested 6 chiropractic treatments. This recommendation is consistent with MTUS guidelines.