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| Case Number: | CM14-0065039 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 10/29/2013 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 04/22/2014 |
| Priority: | Standard | Application Received: | 05/08/2014 |

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 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 patient is a 26 year old female patient with complains of low back pain, date of injury 10/29/2013. Previous treatments include medications, physical therapy, chiropractic and home exercise program. Progress report dated 04/14/2014 by the treating doctor revealed T12-L1 spinal level 90% improved, L5-S1 level 90% improved. Exam noted 2/4 palpable pain, asymmetrical joint motion T12-L1 and L5-S1, lumbar ROM is full. Diagnoses include lumbar spine sp/st, T12-L1 subluxation, and L5-S1 subluxation. The patient returned to modified work on 03/24/2014 with no lifting >20 pounds and no repetitive bending.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 retrospective chiropractic spinal manipulation and ultrasound visits, for dates of service of 03/07/14 through 05/01/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, pages 58-59.

Decision rationale: Review of the available medical records noted that this patient has completed 10 chiropractic visits with evidence of functional improvement. The request for

additional 14 visits exceeded the guideline recommendation, plus California MTUS guidelines do not recommend ultrasound treatments. Therefore, base on the guideline cited, the retrospective request for chiropractic spinal manipulation and ultrasound visits, for dates of service of 03/07/14 through 05/01/14 is not medically necessary and appropriate.