

Case Number:	CM14-0082400		
Date Assigned:	07/21/2014	Date of Injury:	11/04/2013
Decision Date:	09/08/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/04/2014

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:

According to the available medical records, this is a 56 year old male patient with complaint of low back pain, headaches, neck pain, upper back pain, knees pain, date of injury 11/04/2013. Previous treatments include physical therapy, chiropractic, TENS unit, home exercise, LINT, medications and compound topical creams. Progress report dated 04/22/2014 by the treating doctor revealed patient complains of intermittent to frequent moderate dull, achy, sharp, throbbing headache, loss of memory. The patient also complains of constant moderate dull, achy, sharp neck pain and stiffness, aggravated by looking up and down, 8-9/10. The patients also complain of constant moderate dull, achy, sharp upper/mid back pain and stiffness, aggravated by bending and turning. The patient also complains of constant moderate to severe dull, achy, sharp low back pain and stiffness, aggravated by sitting, standing, bending, kneeling and squatting. Exam of the thoracic spine revealed trigger points, ROM decreased and painful, tenderness to palpation of the thoracic paravertebral muscles, muscle spasm of the thoracic paravertebral and positive Kemp's test bilaterally. Exam of the lumbar spine revealed trigger points of paraspinal present at the lumbar spine. Gait slow and guarded, ROM decreased and painful. There is tenderness to palpation of the lumbar paravertebral muscles, muscle spasm of the lumbar paravertebral muscles. Sitting SLR is positive bilaterally. Diagnoses include a long list of multiple body parts injury with thoracic muscle spasm, thoracic pain and thoracic sp/st.; however, there was no lumbar spine diagnoses. Treat plan include CT scan of brain, medications, continue LINT, chiropractic 2x4. The patient remained off work until 06/06/2014. According to the available medical records; this is a 56 year old male patient with complaint of low back pain, date of injury 11/04/2013. Previous treatments include physical therapy, chiropractic, TENS unit. There are no treatments records or medical reports available

for review. There no medical report pertaining to this request for chiropractic treatment available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment sessions 1-2 x week x 4 weeks (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The available medical records noted that patient has had chiropractic and physical therapy before. There was a request for 8 chiropractic visit on 02/18/2014 and the patient did receive chiropractic manipulation on at least two different occasions, 03/10/2014 and 03/28/2014. Whether those visits was authorized or not, and the number of visits the patient completed is unknown. However, there is no evidence of objective functional improvement documented. The patient remained on temporarily totally disabled. Based on the guidelines cited above, the request for additional chiropractic 1-2 times a week for 4 weeks is not medically necessary.