

Case Number:	CM14-0093156		
Date Assigned:	09/12/2014	Date of Injury:	11/30/2007
Decision Date:	10/10/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 69 year old female patient with chronic low back and hip pain, date of injury is 11/30/2007. Previous treatments include chiropractic, physical therapy, and medications. Progress report dated 06/05/2014 by the treating doctor revealed lumbar pain is improving in intensity but she feels constant pain radiating from the right hip joint. Objective findings include lumbar X-rays (02/07/2014): neuroforaminal encroachment at L5-S1 and anterolisthesis of 5 mm at L3-4 and 2mm at L4-5, hyperlordotic lumbar curvature with +2 muscle guarding, right hip MRI: degeneration and fraying of superior labrum from front to back, lumbar MRI (04/03/2014): 3-4mm lumbar disc bulge at L1-5 with exiting nerve root compromise and annular tear L4-5. Diagnoses include lumbar disc, lumbar radiculitis and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic QTY x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 62.

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

Decision rationale: This patient has had 3 chiropractic sessions on 03/24/2014 and 3 additional sessions on 05/13/2014 for flares up. Where as there is no concurrent therapeutic exercise program that facilitate progression and functional improvement, and there is no evidences of functional improvement with previous chiropractic treatments except for some improvement in pain intensity, the request for additional 6 chiropractic visits exceeded the current MTUS guideline of 1-2 visits every 4 to 6 months for flares up. Therefore, it is not medically necessary.