

Case Number:	CM14-0186701		
Date Assigned:	11/14/2014	Date of Injury:	09/13/2013
Decision Date:	01/05/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 a 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:

According to the available medical records, this is a 64 year old female with chronic low back pain; date of injury is 09/13/2013. Previous treatments include medications, chiropractic, epidural injection, home exercises. Progress report dated 11/25/2014 by the treating doctor revealed patient with sore tailbone, sacrum, low back pain, average 4/10, better other days, must ice for pain. Objective findings include L5 right Cox inferior, sacrum PL, L1-2 anterior, T10 anterior, C3 right, C2, L5-S1 disc. Diagnoses include lumbar IVD with myelopathy, coccyx sp/st, and lumbar segmental dysfunction. Treatment plan include manual therapy, laser, deep tissue release, lumbar stretch, refer to MD for further evaluation, 1x/week for 4 weeks, then reevaluate. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic visits (2x3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The claimant presented with chronic low back pain despite previous treatments with medication, injections, chiropractic, and home exercise. Reviewed of the available medical records showed the claimant has some chiropractic treatments in February, March, April, May, and 6 chiropractic treatments in July. However, there is no treatment records available, the total number of visits completed is unknown, and there is no evidences of objective functional improvement. Based on the guidelines cited above, the request for 6 chiropractic treatment is not medically necessary.