

Case Number:	CM14-0197398		
Date Assigned:	12/05/2014	Date of Injury:	07/17/2000
Decision Date:	01/23/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Chiropractor (DC), has a subspecialty in Acupuncture, 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 54-year-old male with a date of injury of 7/17/2000. According to the doctor's first report, the patient complained of low back pain with associated lower extremity leg pain. Significant objective findings include restricted lumbar range of motion, positive Kemp's test on the left, positive Gaenslen's test on the left, and positive straight leg raise on the left. The patient was diagnosed with lumbar disc disease at L4-L5, L4 herniated nucleus pulposus, and L5 nerve radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiro 10 visits lumbar spine: Upheld

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

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

Decision rationale: The California Chronic Medical Treatment Guideline recommends manipulation for chronic pain. It recommends a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. The patient stated that he has received chiropractic in the past and had good results. There was no evidence of objective

function improvement from past chiropractic sessions. In addition, the patient was authorized 8 chiropractic visits out of the 10 visits. There was no documentation of the outcome of those visits. Therefore, 10 additional chiropractic sessions are not medically necessary.