

Case Number:	CM14-0198819		
Date Assigned:	12/09/2014	Date of Injury:	11/30/2011
Decision Date:	01/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/26/2014

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 Chiropractor therapy, 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 60-year-old male with a date of injury of 11/30/2011. According to the progress report dated 10/30/2014, the patient complained of continued low back and left elbow pain. In addition, the patient complained of right thigh/leg pain. The pain increases with work duties. Significant objective findings include tenderness to palpation in the lumbar spine; decrease lumbar range of motion, and positive myospasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight chiropractic treatments for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The guideline recommends manipulation for chronic pain. For lumbar spine pain, the guideline recommends a trial of 6 over two weeks with a total of 18 visits over 6-8 weeks if there is documentation of functional improvement. The records indicate the patient had chiropractic care in the past. The quantity of chiropractic session that was provided to the patient remains unknown. There was no documentation of functional improvement from those

chiropractic sessions. Therefore, the provider's request for 8 chiropractic sessions are not medically necessary at this time.