

Case Number:	CM14-0203214		
Date Assigned:	12/15/2014	Date of Injury:	07/19/2014
Decision Date:	02/05/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/04/2014

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 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 37-year-old female with a date of injury of 7/19/2014. According to the submitted documents, the patient complained of low back pain. According to the progress report dated 10/30/2014, the patient's significant objective findings included decreased lumbar range of motion in flexion and extension. There was palpable tenderness across the lumbar region, which extends into the lower thoracic regions. The sensory exam was intact to light touch throughout the lower limbs. Motor strength was 5/5 in the lower extremity with the exception of the hip flexors, which were 4/5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic evaluation and treatment to low back 2 times a week for four weeks: Upheld

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

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

Decision rationale: According to the MTUS guidelines, chiropractic manipulation is recommended as 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 was a candidate for a trial of

chiropractic care. The patient was authorized 6 chiropractic sessions out of the 8 requested visits. This is consistent with the evidenced based guidelines. An additional chiropractic session beyond the 6 initial visits is recommended with evidence of objective functional improvement from the initial trial. There is a lack of documentation of functional improvement from the 6 authorized chiropractic sessions. Therefore, the provider's request for 8 chiropractic sessions is not medically necessary at this time.