

Case Number:	CM14-0207086		
Date Assigned:	12/19/2014	Date of Injury:	11/07/2012
Decision Date:	02/13/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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 licensed in Chiropractor (DC), 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 29 year old male with chronic low back pain, date of injury is 11/07/2012. Previous treatments include chiropractic and medications. There is no other treatment records noted. Final report dated 11/17/2014 by the treating doctor revealed patient with pain in the lower back, worse with twisting or lifting, the patient was last seen in 05/2013. Examination of the lumbar spine show difficulty on flexion, extension, lateral bending and lateral rotation with positive straight and cross leg testing. Assessment include lumbar radiculopathy. The patient continued his regular work profile.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 16 sessions of chiropractic care for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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. He has had 16 chiropractic sessions with no document of objective functional improvement. There is no treatment records from 05/2013 to 11/2014, no document of recent flares up, and the claimant

continued to work regular work duties. Based on the evidences based guidelines cited, the request for additional 16 chiropractic sessions for ongoing care is not medically necessary.