

Case Number:	CM14-0212682		
Date Assigned:	12/31/2014	Date of Injury:	10/05/2006
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 48 year old male with chronic low back pain, date of injury is 10/05/2006. Previous treatments include medications, injections, chiropractic, physical therapy, and home exercises. Visit notes dated 06/10/2014 by the treating doctor revealed patient continued to complain of low back pain that radiates into his bilateral lower extremities, 3-4/10 on VAS. Objective findings revealed antalgic gait, other exam findings are normal. Diagnoses include lumbar disc displacement without myelopathy, sciatica, and sacrum disorders. The patient is working full duty and is able to tolerate this generally well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 6 sessions lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

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

Decision rationale: The claimant presented with chronic pain in the low back. Review of the available records showed no functional difficulty as the patient tolerating his medications generally well and able to continue working full duty. While MTUS guidelines might recommend 1-2 chiropractic visits every 4-6 months for flare-ups, the request for 6 visits exceeded the guidelines recommendation. Therefore, this request is not medically necessary.