

Case Number:	CM14-0117076		
Date Assigned:	09/25/2014	Date of Injury:	08/27/2002
Decision Date:	10/28/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/25/2014

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 Chiropractic 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 54 year old male patient with chronic low back pain, date of injury is 08/27/2002. Previous treatments include medications, home exercises, chiropractic and physiotherapy. Progress report dated 07/01/2014 by the treating doctor revealed patient with localized lower back pain, occasional right leg pain/foot numbness. Lumbar exam noted lumbar flexion and extension are 60% of normal with localized lumbosacral pain, grade 2/4 muscle guarding lumbar spine normal gait and stance, pain with overpressure to lumbosacral facet joints, positive Kemp for lower back pain without radiation. Diagnoses include cervicodorsal myofascitis, lumbar discogenic pain, left wrist tendinitis, right elbow tendinitis, left knee probable meniscal tear. Treatment requests include spinal manipulation, myofascial release, soft tissue therapy, IF, traction, ultrasound and/or exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

(2) chiropractic treatments visits over next 45 days: Upheld

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

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

Decision rationale: Reviewed of the available records showed this patient has been receiving chiropractic treatments about 2x a month, with about 15 visits in 2014. However, there is no evidences of objective functional improvement documented. According to CA MTUS guideline, therapeutic ultrasound treatments is not recommended and maintenance care is not recommended. The treatments request, therefore, is not medically necessary.