

Case Number:	CM14-0126743		
Date Assigned:	08/13/2014	Date of Injury:	11/05/2013
Decision Date:	10/22/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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 Chiropractic care 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 39 year old female patient with chronic low back pain, date of injury is 11/05/2013. Previous treatments include back support, medications, chiropractic, physical therapy, acupuncture. Progress report dated 06/30/2014 by the treating doctor revealed patient continued to have stabbing pain into the lumbar spine that is better from previous exams, it no longer radiates to other body parts, baseline 0 to 2 out of 10 pain, rest, chiropractic care and medications help alleviate the pain, activities at home worsen the pain. Physical examination revealed tenderness to palpation over the lumbar paraspinals, limited lumbar ROM with pain, SLR from the supine position is negative, sensory exam is intact. Diagnoses include lumbar sp/st and multiple trigger points in the lumbar spine. The patient returned to work with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy Lumbar Spine 3 times a week times 2 weeks: Overturned

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

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

Decision rationale: The patient present with chronic low back pain and she has had back support, medications, physical therapy, acupuncture and chiropractic. Reviewed of the available medical records showed that she has completed 6 chiropractic treatment with functional improvements. Progress report dated 06/30/2014 showed patient improvement subjectively and objectively comparing to progress report on 05/19/2014, she has less pain and no radiation, SLR is unremarkable and sensory exam normal. Based on the guideline cited, the request for additional chiropractic treatment 3 times a week for 2 weeks is medically necessary.