

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0129020 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 03/29/2002 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 08/01/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 40 year old female with an injury date on 03/29/2002. Based on the 07/30/2014 progress report provided by [REDACTED], the patient complains of pain and discomfort in her mid to lower back. The patient describes her pain as burning and stabbing. The pain worsens from prolonged walking and standing. The patient also complains of a significant amount of pain and stiffness of the lumbar spine and lower extremity when performing ADLs. The report provided does not discuss any positive exam findings. The diagnoses include the following: 1. Status post lumbar laminectomy/discectomy 2. Lumbar myofasciti [REDACTED] is requesting for chiropractic session x 4. The utilization review determination being challenged is dated 08/01/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/3/2011 to 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58,59.

Decision rationale: According to the 07/30/2014 report by [REDACTED], this patient presents with pain and discomfort in her mid to lower back. The treater is requesting for chiropractic session x4. The utilization review denial letter states patient has chiropractic care since at least March of 2014 without significant reduction in pain or valid outcome assessments to indicate significant subjective or functional improvement. The MTUS guidelines page 58 and 59 recommend a trial of 6 visits over 2 weeks. With evidence of objective functional improvement, up to 18 visits over 6-8 weeks is allowed. Based upon review of the report 07/18/2014, the patient reports improvements in ADL's such as doing the dishes, standing, walking, and being able to perform about 70% of her house chores. Reports from 07/30/14 show that the patient's pain continues to exist and the treater has asked for additional chiro treatments. In this case, the available records show no treatment reports to know the number of chiro visitations. There is no discussion regarding home exercises and why on-going treatments are needed other than for pain alone. MTUS does not recommend more than 18 sessions of chiro and the patient appears to have exceeded this. The request is not medically necessary at this time.