

Case Number:	CM14-0136976		
Date Assigned:	09/18/2014	Date of Injury:	11/13/2012
Decision Date:	10/16/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/21/2014

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 47 year old male patient with chronic low back pain and thoracic spine pain, date of injury is 11/13/2012. Previous treatments include chiropractic, medications, injections, acupuncture, IF/TENS unit, extracorporeal shockwave therapy, physical therapy, localized intense neurostimulation treatment, home exercise and traction, and psychotherapy. Progress report dated 06/17/2014 by the treating doctor revealed patient with chief complaint of constant severe low back pain and stiffness, 7/10, neck pain of 5/10, thoracic spine pain 6/10 and bilateral hips pain 6/10, difficulty with activities of daily living (ADLs). Objective findings notes slow guarded movement, flattened feet, positive straight leg raising (SLR) bilaterally, positive Kemps bilaterally, tender to palpation. Diagnoses include cervical sp/st, thoracic sp/st, lumbar sp/st, bilateral hips sp/st, headaches, insomnia, anxiety and depression. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to thoracic spine 2-3x4 and to lumbar spine 2-3x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with ongoing back pain that failed to improve with conservative therapy. The patient has had medications, injections, acupuncture, physical therapy, chiropractic, shockwave therapy, home traction and exercise. The patient is noted to have completed 12 chiropractic sessions to date, with at least 4 visits recently completed from 03/24/2014 to 04/08/2014. However, there is no evidence of objective functional improvement with previous chiropractic treatments. The patient subjective and objective findings remained the same and the patient continued to remain off work. Based on the guidelines cited, the request for chiropractic treatment 2-3x4 to the thoracic and lumbar spine is not medically necessary.