

Case Number:	CM14-0142000		
Date Assigned:	09/10/2014	Date of Injury:	01/11/2012
Decision Date:	10/10/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in Acupuncture 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 51-year-old male with a date of injury of 01/11/2012. According to the progress report dated 7/08/2014, the patient complained of frequent low back pain that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, standing, and walking multiple blocks. The pain was sharp. There was reported radiation into the lower extremities. The pain was rated at 7/10. Significant objective findings include paravertebral muscle tenderness with spasm, positive nerve root test, decreased range of motion, and normal strength and sensation. The patient was diagnosed with lumbar disc disorder and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic visits, 2x week for 6 weeks to the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The guideline recommends chiropractic manipulation for chronic pain. It recommends a trial of 6 visits over 2 weeks with a total of 18 visits over 6-8 weeks with evidence of functional improvement. The submitted records indicate that the patient had prior

chiropractic care; however, there was no documentation of functional improvement. Therefore, the provider's request for 12 additional chiropractic sessions is not medically necessary at this time.