

Case Number:	CM14-0143134		
Date Assigned:	09/10/2014	Date of Injury:	08/04/2000
Decision Date:	10/16/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/04/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 60-year-old male with a reported date of injury on 08/04/2000. The mechanism of injury was a fall. There was no relevant diagnostic testing provided. There was no relevant surgical history documented in the notes. The subjective complaints on 06/24/2014 included regional low back pain, primarily right sided and localized to the base of the spine. The physical exam noted muscle guarding and tenderness at L3 through the sacral base, especially on the right. Lumbar range of motion was also decreased by 80% on flexion and extension. The medications were not provided for review. The diagnosis included low back pain. The past treatments included chiropractic therapy. The treatment plan was to continue chiropractic therapy. A request for additional chiropractic treatment x 5 was received. The rationale for the request was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment, times 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 62.

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

Decision rationale: The California MTUS Guidelines state manual therapy & manipulation is recommended as an option for patients with low back pain to promote functional gains and facilitate progress in active treatment programs. The guidelines specify that, when appropriate, an initial trial of 6 visits should be completed and continued visits should be contingent on documentation of objective functional improvement. The injured worker has chronic back pain. The notes indicate that he has already been receiving chiropractic therapy visits and would like to continue treatment. There was a lack of documentation regarding objective functional progress from the previous chiropractic sessions that were rendered. In absence of objective improvement the request is not supported by the guidelines. As such, the request is not medically necessary.