

Case Number:	CM14-0144097		
Date Assigned:	09/15/2014	Date of Injury:	08/21/2009
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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. A

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 53-year-old male with a date of injury of 8/21/2009. According to the progress report dated 8/13/2014, the patient complained of low back pain. The pain was rated at 3/10. The pain was described as sharp and radiating. The patient complained numbness and tingling in the right foot. Symptoms were exacerbated with bending, computer use, driving, and reaching. Significant objective findings include tenderness and hypertonic muscles in the left upper and lower lumbar paraspinals, left gluteal, and right lower lumbar paraspinals. The patient was diagnosed with nonallopathic lesions of lumbar region, myalgia and myositis, nonallopathic lesion of pelvic and sacral region, and late effect of sprain and strain without tendon injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 sessions of Chiropractic Therapy visits for the Lumbar Spine: Upheld

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

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. Records indicate that the patient had prior chiropractic care. The provider stated that the patient's low back pain has improved following manipulation treatment. However, there was no documentation of objective functional improvement to warrant additional chiropractic sessions. Based on the evidence guidelines and submitted documents, the provider's request for 2 chiropractic therapy sessions for the lumbar spine is not medically necessary at this time.