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| Case Number: | CM14-0149545 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 02/27/2002 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 08/25/2014 |
| Priority: | Standard | Application Received: | 09/15/2014 |

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 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 injured worker is a male of unknown age who was injured on 2/27/12 with no documented mechanism of injury. Unknown reason for recent flare-up. Doctor's report of 9/9/14 states date of injury as 2/27/02 may have been a typo error. The patient's diagnoses are Lumbar spondylosis, lumbar IVD syndrome and low back pain. He has apparently received prior treatment of medications, physical therapy and chiropractic care but no documented amount or response to care by the patient using objective measurable gains. On 7/1/02 MRI of the lumbar revealed L4-5 broad based disc bulge and central disc protrusion causing narrowing of the A-P canal diameter, Facet arthropathy and hypertrophy of the ligamentum flavum, L3-4 disc bulge. The doctor is requesting 1 treatment per month for 8 months or a total of 8 treatments of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) chiropractic sessions for the lumbar spine as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for 8 chiropractic visits for 1 treatment per month for 8 months does not follow the MTUS Chronic Pain Guidelines above. Also documentation of the previous amount of care with objective measurable gains in functional improvement is needed to warrant further care. Therefore, the request of eight (8) chiropractic sessions for 8 months for the lumbar spine as outpatient is not medically necessary and appropriate.