

Case Number:	CM14-0160509		
Date Assigned:	10/06/2014	Date of Injury:	08/22/2013
Decision Date:	11/06/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/30/2014

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:

According to the available medical records, this is a 50 year old female with chronic low back pain, date of injury is 08/22/2013. Previous treatments include medications, injections, lumbar support, physical therapy, and home exercises program. Progress report dated 06/06/2014 revealed the patient presents with the same symptomatology, she is quite frustrated that she is not getting any better. Physical examination revealed tenderness about the lumbar paravertebral muscles, lumbar spine decreased ROM with pain. Diagnostic impression is lumbar strain and degenerative disc disease. The patient returned to work on modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic treatment to lumbar three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

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

Decision rationale: The claimant present with ongoing low back pain despite previous treatment with medication, injections, physical therapy and home exercise program. There is no records of chiropractic treatments made available for the claimant. A trial of chiropractic treatment, 6 visits

over 2 weeks, might be recommended by MTUS guideline. However, without evidences of objective functional improvement, the request for 12 visits exceeded the guideline recommendation. Therefore, it is not medically necessary.