

Case Number:	CM14-0161755		
Date Assigned:	10/07/2014	Date of Injury:	04/15/1992
Decision Date:	11/07/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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 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 51 year old female with chronic neck and back pain, date of injury is 04/15/1992. Previous treatments include chiropractic, physical therapy modalities, exercises, and massage. Progress report dated 08/11/2014 by the treating doctor revealed patient with sharp pain in low back, cannot do prolonged bending at waist, limited cervical spine motion and neck pain. Physical examination noted straightening curve with lumbar lateral flexion, palpable pain at L5-S1, cervical spine rotation 10 degrees and lateral flexion 10 degrees, paralumbar spasm. Diagnoses include lumbar sp/st, thoracic sp/st, and sacroiliac sp/st. Treatment plan include manipulation, physical therapy modalities and exercise. There is no mention about work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

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

Decision rationale: The claimant presents with chronic pain in the neck and low back. Reviewed of the available medical records noted the patient has 6 chiropractic treatments in January and February 2014, 3 treatments in March and April, and 8 treatments in May and June 2014. However, there is no evidence of objective functional improvement documented with previous treatments, and ongoing maintenance care is not recommended by MTUS guideline. Therefore, the request for additional 6 chiropractic treatments is not medically necessary.