

Case Number:	CM14-0162874		
Date Assigned:	10/08/2014	Date of Injury:	08/20/2009
Decision Date:	11/07/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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 a license Chiropractor 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 59 year old male with chronic low back pain date of injury is 08/20/2009. Previous treatments include medications, injections, chiropractic and physiotherapy, and home exercises program. Progress note dated 09/03/2014 by the treating doctor revealed patient with complaint of low back pain, his pain comes and goes but is always somewhat constant at a 3 but gets as high as a 6. Examination noted decreased ROM (range of motion) with mild end point tenderness, orthopedic tests were negative but after tests were performed his symptoms worsened, noticeable girth difference between the right and left quad and calf muscles with left side being more diminished. Diagnoses include lumbar degenerative disc disease, lumbar subluxation, and myospasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Sessions of chiropractic treatments for the back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant presents with ongoing low back pain with no document of recent flare up. He has had at least 12 chiropractic visits since June 2014, and the current request is for 24 treatments on a frequent maintenance schedule according to the doctor's notes on 09/03/2014. MTUS guidelines do not recommend maintenance care and therefore, the request for 24 chiropractic treatments of the lumbar is not medically necessary.