

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0168657 | | |
| Date Assigned: | 10/16/2014 | Date of Injury: | 10/08/1997 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 licensed Doctor of 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 71 year old female with chronic neck and low back pain, date of injury is 10/08/1997. Previous treatments include chiropractic and exercise. There is no other treatment records available for review. Progress report dated 08/20/2014 by the treating doctor revealed patient presents with flare up of low back pain, she denied any specific trauma, pain is described as frequent moderate non-radicular. Objective findings revealed paralumbar hypertonicity, L/s junction tenderness, decreased ROM in flexion and extension, positive Kemp's test, lumbar segmental dysfunction. Diagnoses include lumbar sprain/strain, cervical strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy - re-exam, manipulation & therapeutic exercise, for the low back, Quantity: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 6, page 106-107

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

Decision rationale: The claimant presented with flare up of low back pain on 09/29/2014. Review of the available medical records showed she had 2 chiropractic treatment in 01/2014, 1 treatment on 02/14/2014, 1 treatment on 04/11/2014, 1 treatment on 06/11/2014, 1 treatment on 07/28/2014, and 1 treatment on 08/20/2014. The current request is for 2 chiropractic treatments with exercises. Maintenance care is not recommended by MTUS guideline and only 1-2 visits every 4 to 6 months is recommended for flare up. Therefore the request for 2 visits is not medically necessary.