

Case Number:	CM14-0174672		
Date Assigned:	10/28/2014	Date of Injury:	07/21/1999
Decision Date:	12/05/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/22/2014

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49-year-old female with a date of injury of 07/21/1999. The listed diagnoses per [REDACTED] are: 1. Lumbosacral sprain/strain. 2. Sacroiliac sprain/strain. According to progress report 09/10/2014, the patient presents with low back, left sacroiliac, and left thigh pain. Examination revealed "L ROM flexion 24 inch above the knee level. Extension 10/325. Others decreased approximately 20%, all with moderate/severe low back pain. Kemp's test caused bilateral moderate low back pain. Mild low back spasm and tender left sacroiliac." Under treatment plan, it states "requesting authorization for 1 visit on 09/10/2014 for control of flare-up." This is a request for one visit for chiropractic treatment for the lower back. It was noted the patient is not working and has not worked since 10/09/2013. Utilization review denied the request on 10/22/2014. Treatment reports from 02/05/2014 through 09/10/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Review of one visit for Chiropractic Treatment for the Lower Back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM [https://www.acoempracguides.org/Low Back; Table 2 Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back;Table%20Summary%20of%20Recommendations,Low%20Back%20Disorders)

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

Decision rationale: This patient presents with a flare-up of low back, left sacroiliac, and left thigh pain. The treater is requesting "Retrospective Review of one visit for Chiropractic Treatment for the Lower Back." The medical file provided for review does not include chiropractic treatment history. It is unclear how many sessions the patient has received thus far. Utilization review denied the request stating that there is no explanation or documentation of medical necessity for "reoccurring chiropractic treatments for the past 15 years." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. The medical file indicates that the patient is not working and has not worked since 10/09/2013. In this case, the treater does not indicate that return to work is achieved in this patient; therefore, continued chiro visits for flare-ups are not supported. Recommendation is for denial.