

Case Number:	CM14-0185426		
Date Assigned:	11/13/2014	Date of Injury:	12/07/2012
Decision Date:	12/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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 28 year old male with chronic low back pain with a date of injury of 12/07/2012. Previous treatments include medications, facet blocks injections, lumbar epidural injections, chiropractic, bracing, transcutaneous electrical nerve stimulation (TENS) unit, and home exercises. Progress report dated 09/15/2014 by the treating doctor revealed patient with persistent low back pain. Objective findings include blood pressure of 128/74 and pulse 65, tenderness across the lumbar paraspinal muscles. Diagnoses include discogenic lumbar condition with facet inflammation and right-sided radiculopathy. The patient is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy times 12 sessions for lumbar region: 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 Chronic Pain Page(s): 58-59.

Decision rationale: The claimant presents with persistent low back pain despite previous treatments with medications, injection, TENS, and chiropractic. Reviewed of the available

medical records showed the claimant has had an unknown number of chiropractic sessions in 2013, and he has completed at least 12 chiropractic sessions in 2014, according to progress report dated 08/15/2014 by the treating doctor. However, there are no evidences of objective functional improvement documented, and the claimant continues to have persistent low back pain. Based on the guidelines cited, the request for additional 12 chiropractic sessions is not medically necessary.