

Case Number:	CM14-0185751		
Date Assigned:	11/13/2014	Date of Injury:	08/13/2013
Decision Date:	12/19/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/07/2014

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 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 49 year old female with chronic low back pain, date of injury is 08/13/2013. Previous treatments include medications, bracing, physical therapy, home exercise programs, chiropractic, and acupuncture. Progress report dated 09/02/2014 by the treating chiropractor revealed patient had completed 18 chiropractic visits, with dull low back pain with numbness, 2-3/10, increased with extended periods of standing. Objective findings include right hip flexor inferior to inguinal ligament mild tender to palpation, hip flexor at iliac crest dull pain, right hamstring mid-way to the lateral side dull pain, L3-5 bilaterally slight tender to palpation, hip adductors and abductor slight tender to palpation, thoracolumbar junction dull to sharp pain, rib 12 to iliac crest tender to palpation with L>R, ROM decreased in flexion and extension, positive Kemp's bilaterally for slight low back pain centrally. Assessment include lumbosacral strain, contusion of the lumbar region, lumbar radiculopathy, and lumbar strain. The patient is returned to work full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, 8 sessions for lumbar spinal: 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 Page(s): 58-59.

Decision rationale: The claimant presents with ongoing low back pain despite previous treatments with medications, bracing, chiropractic, physical therapy, acupuncture, and home exercises program. The available medical records showed the claimant has completed 18 chiropractic visits, she has a home exercise program, and she has been back to work full duties. Based on the guidelines cited above, the patient has maximized the total visits recommended with evidences of objective functional improvement, she has been back to work full duties with a home exercise program. Therefore, the request for additional Chiropractic treatment is not medically necessary.