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| Case Number: | CM14-0210139 | | |
| Date Assigned: | 12/23/2014 | Date of Injury: | 06/04/2003 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 12/06/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 36 year old male with chronic low back pain, date of injury is 06/04/2003. Previous treatments include chiropractic, exercises, and medications. Progress report dated 11/28/2014 by the treating doctor revealed patient with chronic lower back pain and weakness with occasional flare-ups, radiating pain and weakness down right leg. Limited ROM lumbar spine. Diagnoses include cervical and thoracic sprain/strain, lumbar sprain/strain, subluxation of cervical, thoracic, and lumbar vertebrae.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Chiropractic Manipulation to Include 1 Re-Exam, Chiropractic Manipulative Therapy and Instruction for Basic Inspection and Self-Care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The claimant presented with occasional flare-ups of lower back pain, from an injury that is more than 10 years ago. Reviewed of the available medical records showed he has been benefit from previous chiropractic treatments. While MTUS guidelines might recommend 1-2 chiropractic visits for flare ups, the current request for 8 chiropractic manipulation exceeded the guidelines recommendation. Therefore, it is not medically necessary.