

Case Number:	CM14-0214131		
Date Assigned:	01/07/2015	Date of Injury:	03/16/2014
Decision Date:	03/03/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 28 year old female with chronic low back pain, date of injury is 03/16/2014. Previous treatments include medications, chiropractic, and physical therapy. Progress report dated 12/10/2014 by the treating doctor revealed patient follow up on low back, patient reports tight on both sides, pain is 3/10, patient is not doing any home exercises. Physical examination revealed +1 para lumbar spasm, forward bending to mid shin, lateral twist 80 degrees bilateral. Patient is tolerating light work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments (6 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manuel therapy & Manipulation.

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

Decision rationale: The claimant presented with ongoing low back pain despite previous treatments with medications, physical therapy, and chiropractic. Review of the available medical

records showed the claimant has completed 12 chiropractic treatments today. There is no evidence of objective functional improvement documented, and no home exercise programs that help facilitate progression to help patient return to productive activities. Based on the guidelines cited, the request for additional 6 chiropractic visits is not medically necessary.