

Case Number:	CM13-0013420		
Date Assigned:	10/01/2013	Date of Injury:	07/25/2002
Decision Date:	01/29/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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:

This 43 year-old male sustained an injury on 7/25/02 while employed by the [REDACTED]. Per the report of 7/1/13 by [REDACTED], the patient complains of chronic low back pain with radiation to the left leg, heel, and foot. Exam showed pain with lumbar range, tenderness at paraspinals, left gluteal, hamstrings, calf muscles, and L4-5 with weak left psoas, hamstrings, and hip extensors upon manual resistance. Diagnoses included lumbar spine strain/sprain, herniated lumbar spine disc, radiculopathy, and subluxation. Treatment has consisted of chiropractic care, physical therapy, and medications. Treatment plan was for 12 chiropractic treatments which were non-certified by UR physician, [REDACTED] on 8/6/13, citing guidelines criteria and lack of medical indication. There is a report from [REDACTED] dated 3/5/13 noting the patient has continued chiropractic care which has been beneficial. Objective findings include tenderness in the upper, mid and lower paravertebral muscles; limited range with flexion and lateral bending at 20 degrees and rotation at 15 degrees with increased pain on motion; SLR do not demonstrate any nerve irritability. Gait is non-antalgic with heel and toe-walk without difficulty; sensation is diminished in L5 distribution. Diagnoses included Chronic lumbar spine strain; Lumbar disc protrusion; Left lumbar radiculopathy with treatment plan for additional chiropractic care. The patient continued on work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

twelve (12) Chiropractic Treatments to Lower Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From the records reviewed, the patient had recently completed 5 chiropractic visits with at least 24 chiropractic sessions authorized in 2013; however, the medical reports have not demonstrated a reduction in pain level or medical utilization nor is there any reported functional improvement as the patient continues with chronic radicular low back pain under work restrictions for this July 2002 injury. There is no report of acute flare-ups or new red-flag findings nor are there any documented functional benefit derived from treatment already rendered. The 12 chiropractic treatments to lower back are not medically necessary and appropriate.