

Case Number:	CM13-0013659		
Date Assigned:	03/10/2014	Date of Injury:	11/20/2006
Decision Date:	11/13/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/19/2013

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 56 year old male with chronic pain in the low back ,neck, right shoulder, bilateral wrists and left ankle, date of injury is 11/20/2006. Previous treatments for the low back include medications, chiropractic, LINT therapy, home exercise program, physical therapy, pool therapy, epidural steroid injection, acupuncture. Progress report dated 07/15/2013 by the treating chiropractor revealed patient reports having less need for pain medication for his low back. Low back pain described as fequent, moderate, dull, and sharp. He notes that he is able to move easier, and do home exercise better. Lumbar flexion 85/90, extension 25/30, rotations 30/30, left lateral flexion 25/30, and right lateral flexion 30/30, with pain in flexion, left rotation, and left latera flexion, positive Lesgue test bilaterally at 75 degrees, Kemp's test is negative, +2 palpatory tenderness and spasm noted in the lumbar spine. Diagnoses include lumbar IVD Syndrome, lumbar disc degeneration, sciatic neuralgia, and lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC THERAPY 2 TIMES A WEEK FOR 4 WEEKS TO THE LUMBAR SPINE: Overturned

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, Low Back Page(s): 58-59.

Decision rationale: The claimant presents with chronic low back pain with has been treated with chiropractic, acupuncture, medications, LINT therapy, physical therapy and home exercise program. He recently completed 8 chiropractic treatments which help to reduce his pain medication intake, increased ROM and improved orthopedic exam findings. Based on the guideline cited, there are evidences of objective functional improvements, the request for additional 8 chiropractic treatments to the lumbar is medically necessary.