MAXIMUS Federal Services

Case Number:	CM13-0014597		
Date Assigned:	10/03/2013	Date of Injury:	04/12/2013
Decision Date:	01/24/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed 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 39 year old male patient with low back pain, date of injury 04/12/2013. MRI dated 07/01/2013 revealed L4-5 disc degeneration with minimal disc bulging. Previous treatments include medication, heat, ice, home stretch, physical therapy. There is not associated report available for the current request for chiropractic manipulation, work conditioning, micro-current, mechanical traction 2x3 to the lumbar spine. However, UR report revealed a 07/15/2013 report by [redacted] noted severe low back pain constantly radiating to his bilateral feet, decreased lower back ROM, positive SLR, positive Patrick Fabere, Kepms and heel walk. Progress report dated 08/29/2013 by [redacted] revealed constant, slight to moderate severe low back pain that occasionally radiates to bilateral feet, patient states he has improved 30% of low back symptoms, patient states improvement is from decreased pain and he can sit for 30 minutes, when he started care, he could only sit for 10 minutes; exam findings include increased low back ROM in all ranges, positive SLR, Patrick Fabere, Right Hibb's, Kemps, toe walk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation, work conditioning, micro-current, mechanical traction 2 x 3, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) 2nd Edition web version, Physical Methods, Official Disability Guidelines (ODG) web version Low Back, Chronic Pain, pgs. 114 and 125.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Page(s): 58-59, 125-126, 114-115.

Decision rationale: Reviewed of the medical records indicated that this patient had not plateau with the therapy provided yes, therefore, work hardening is not currently necessary. Micro-current and mechanical traction are not recommended based on the guidelines cited above. Therefore, the request for chiropractic, work conditioning, micro current and mechanical traction 2x3 for this patient lumbar spine is NOT medically necessary.