

Case Number:	CM13-0014785		
Date Assigned:	12/11/2013	Date of Injury:	11/18/1998
Decision Date:	02/04/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/22/2013

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 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, the patient is a 66 year old male with chronic low back pain; his date of injury is 11/18/98. The progress report dated 7/9/13 by [REDACTED] revealed slight to moderated left hip pain with sciatic pain radiating to the left knee; numbness in left leg; bilateral Kemp pain into lumbar sacral, especially left; muscle spasm on right erector spinae; tender psoas with trigger point; trigger points in hips, ES, and TFL. Diagnoses include rupture or herniation of the lumbar disc, lumbar segmental dysfunction, lumbar sprain/strain and sciatica. The patient has returned to full duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

three sessions of chiropractic manipulation with physiotherapy: Upheld

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

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

Decision rationale: For recurrences or flare-ups of chronic low-back pain, the California MTUS states that the success of the original treatment must first be evaluated. If a return to work has been achieved, then 1-2 visits every 4-6 months may be warranted. The request for three visits in

the next two months exceeds the guidelines recommendation; therefore, the request is not medically necessary.