

Case Number:	CM13-0015094		
Date Assigned:	03/12/2014	Date of Injury:	10/01/2012
Decision Date:	04/15/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/03/2013

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, this is a 50 year old male patient with chronic low back pain, cumulative date of injury from 01/01/1994 to 10/01/2012. Previous treatments for the low back include physical therapy, medications, acupuncture, topical cream and chiropractic. Initial chiropractic visit report dated 04/18/2013 revealed low back pain 5/10, burning pain that runs across his low back that is increased on the left with no radiating pain, he also has a pins and needles sensation localized in that area. He feels weakness down his left leg that comes and goes along with numbness; he feels restricted in his range of motion. He has difficulty climbing stairs, sitting, standing and walking for long periods of time. The patient had tenderness to palpation along the lumbar spine paraspinal muscles bilaterally with increased pain on the left. Lumbar ROM moderately restricted in all planes of motion with pain. Pain is localized in the lumbar spine with Straight leg raise, Braggard's and Faber's on the left, and Yeoman's, Nachlas and Eli's bilaterally. There is no progress report from the treating doctor of chiropractic available for review. However, a treatment authorization report from the treating medical doctor noted patient with low back pain 7/10. The patient reports ongoing left leg pain and numbness to the ankle. He has had 9 sessions of chiropractic with relief. Exam revealed tender to palpation in the left sided lumbar region and left SI joint, lumbar ROM is 40 degree in extension, left and right lateral bend 10 degrees. Positive facet loading at left L4-5, L5-S1, left EHL +4/5, positive straight leg raise on the left at 60 degrees with pain to the ankle, positive left SI joint pain on Faber.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) CHIROPRACTIC VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

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

Decision rationale: Reviewed of the available medical records shown this patient has had 9 chiropractic treatments with no evidence of objective functional improvements. Based on the guidelines cited above, the request for additional 8 chiropractic visits is NOT medically necessary.