

Case Number:	CM13-0015565		
Date Assigned:	10/10/2013	Date of Injury:	01/28/2010
Decision Date:	01/14/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/23/2013

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 expert reviewer is licensed in Chiropractor 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 43 year old male patient with chronic low back pain and left lower extremity pain, date of injury 01/28/2010. Previous treatments include medication, injection, TENTs unit at home, physical therapy and chiropractic. Progress report dated 07/03/2013 by [REDACTED] revealed low back and left lower extremity pain; exam revealed antalgic gait with pain and difficulty from sitting to standing, decreased lumbar range of motion in flexion and extension with paraspinal spasm and tenderness, diagnoses include lumbar disc degenerative, lumbar radiculopathy, lumbar spondylosis, myalgia and myositis; functional improvement with 50% decrease in the use of hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for low back, 2 x week: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chiropractic/Manual Therapy and Manipulation, Low Back, Ankle & Foot, Carpal Tunnel Syndrome, Forearm, Wrist & Hand, Knee..

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

Decision rationale: CA MTUS guideline recommended chiropractic manipulation as an option. Therapeutic care - trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 week. The request for chiropractic treatment 2x per week for 3 week is therefore medically necessary.

Chiropractic for low back, #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chiropractic/Manual Therapy and Manipulation, Low Back, Ankle & Foot, Carpal Tunnel Syndrome, Forearm, Wrist & Hand, Knee..

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

Decision rationale: According to the available medical records, the patient did show functional improvement, decreased his need for hydrocodone by 50%. Based on the guideline cited above, the request for chiropractic 1x a week for 6 weeks is medically necessary.