

Case Number:	CM13-0019550		
Date Assigned:	10/11/2013	Date of Injury:	05/18/2012
Decision Date:	01/31/2014	UR Denial Date:	08/13/2013
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 a Chiropractor, has a subspecialty in Acupuncture 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 46-year-old male with a date of injury of 5/18/2012. According to the progress report dated 7/25/2013, the patient was complaining of worsening lumbar spine pain. The pain radiates to the right lower extremity with occasional numbness to the right foot. Significant objective findings include tenderness and spasms in the lumbar spine. The patient has a positive Kemp's, positive right straight leg rise. Motor strength was 5/5 in the lower extremity and deep tendon reflexes were +2 in the lower extremity. He was diagnosed with status post right carpal tunnel release 8/2012, right FA/wrist flex/ext tens 727.05, thoracic and lumbar spine sprain and strain with bone spurs (847.1, 847.2, 724.4), and L2-L3 disc degeneration, DDD L5-S1 with neuroforaminal stenosis (722.5, 724.02).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two (2) times a week times four (4) weeks for mid/low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend manipulation for low back pain. The guidelines recommend a trial of 6 visits over two weeks with evidence of objective functional improvement, a total of 18 visits over 6-8 weeks. It is not recommended for

elective/maintenance care. The provider stated that the patient did not receive prior conservative care to the lumbar spine and is trying to avoid injections to the lumbar spine with pain management as QME has recommended. A trial of chiropractic visit is warranted at this time; however the provider has requested a total of 8 chiropractic sessions, which exceeds the number of recommended trial sessions per the guidelines. Therefore, the provider's request for chiropractic two times a week for 4 weeks is not medically necessary.