

Case Number:	CM13-0020257		
Date Assigned:	10/11/2013	Date of Injury:	08/01/2005
Decision Date:	01/27/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/04/2013

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 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. 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 66 year old male patient with chronic lower back pain, date of injury 08/01/2005. Previous treatments include chiropractic, physical therapy, medications, injections and home exercise program. Progress report dated 08/13/2013 by [REDACTED] revealed low back pain, numbness in left leg and sharp pain, back pain is described as aching, sharp, stabbing and shoot, severity is 10/10, patient indicates back extension worsen condition, back flexion worsens condition, hip extension worsens conditions, hip flexion worsens condition, hip rotation worsens condition and stretching worsens condition, muscle strength for left foot dorsiflexors and left foot plantarflexors is +4/5, left patellar reflex and left Achilles reflex is 1/4, S1 dermatome and L4 dermatome demonstrates decreased light touch sensation on the left, positive pelvic thrust left, positive FABER maneuver left, positive Gainslen's maneuver left, positive Patricks maneuver left, pain to palpation over the L3-S1 facet capsules bilateral, pain with rotational extension indicative of facet capsular tears bilateral, secondary myofascial pain with triggering bilateral and positive stork test left, severe spasm of the lumbar spine with markedly severe antalgic gait and tilt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) chiropractic care sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Current California MTUS guidelines recommend chiropractic manipulation for chronic low back pain as Therapeutic care -Trial of 6 visits over 2 weeks, with evidence of objective functional improvement. The request for 12 chiropractic sessions well exceeded the guidelines recommendation and therefore, not medically necessary.