

Case Number:	CM13-0020490		
Date Assigned:	10/11/2013	Date of Injury:	12/15/2007
Decision Date:	01/06/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/05/2013

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:

The patient is a 60-year-old male who reported an injury on 12/15/2007. The patient is currently diagnosed with lumbar spondylosis with myelopathy, lesion of sciatic nerve, chondromalacia patella, and bursitis of the left knee. The patient was seen by [REDACTED] on 09/11/2013. The patient complained of constant severe pain in the lumbar spine with numbness, as well as moderate pain and numbness to the left knee. Objective findings included 4+ spasm and tenderness to bilateral lumbar paraspinal muscles from L3 to S1, positive Kemp's testing, positive straight leg raising, decreased reflexes bilaterally, and decreased sensation to the right L5 dermatome and right S1 dermatome. Physical examination of the knee revealed 4+ spasm and tenderness to the left anterior joint line and left quadriceps muscle, positive valgus testing, and positive McMurray's testing. Treatment recommendations included continuation of current medication and a referral to Pain Management for epidural injections

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy two (2) times a week for three (3) weeks for the lumbar spine: 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 Medical Treatment Guidelines Page(s): 58..

Decision rationale: The California MTUS Guidelines state manipulation and manual therapy are recommended for chronic pain if caused by musculoskeletal conditions. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. As per the clinical notes submitted, the patient was recently approved for chiropractic treatment, which he has not yet completed. The medical necessity for additional treatment cannot be determined as medically appropriate. The patient continues to report constant severe pain with demonstrated muscle spasm and weakness. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.