

Case Number:	CM13-0023457		
Date Assigned:	11/15/2013	Date of Injury:	01/30/2011
Decision Date:	01/03/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

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, has a subspecialty in Acupuncture, and is licensed to practice in Texas. 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.

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 43-year-old male who reported an injury on 01/30/2011 when he was reported to be removing a tire from an SUV and noticed an onset of low back pain. A clinical note dated 01/22/2013, signed by [REDACTED], reported the patient was at permanent and stationary status as with regard to his low back pain. He reported, as of that date, his low back pain had improved, which he rated 4/10 to 5/10 and stated he was able to perform his daily activities easier than prior to physical therapy and acupuncture. The patient was noted to state his symptoms continued to make it difficult for him to use stairs, get in and out of his car, drive for long distances, walk for prolonged periods of time, walk on uneven ground, perform household chores, sit through a movie, or prolonged television program, or bend forward to pick up item off the floor. The patient is noted on 02/07/2013 to have been seen by [REDACTED] and is reported to have been planned for a repeat transforaminal epidural steroid injection at bilateral L5-S1, as the patient continued to complain of more pain in the low back, greater on the right side than the left, which occasionally went down the buttocks, into the legs, and also radiated up the paraspinal muscles on the right side of the back, usually to about the scapula. On physical exam the patient is noted to have positive straight leg raises on the right and left at 30 degrees, pain over the lumbar intervertebral spaces on palpation, a palpable twitch, positive trigger points noted in the lumbar paraspinal muscles across the bilateral paraspinal muscles and radiating down the right side. His gait was normal. Anterior lumbar flexion caused pain and there was pain noted on lumbar extension. The patient was referred for chiropractic treatment 2 times a week for 4 weeks. The patient is noted to have undergone a bilateral L5-S1 transforaminal epidural steroid injection on 02/12, which helped his lower extremity complaints, but he reported some pop

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 8 sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient is a 43-year-old male who reported an injury to his low back on 01/30/2011. He was reported to have been removing a tire from an SUV. He is reported to continue to complain of ongoing low back pain with occasional radiation of pain to the gluteal and lower extremities. He is noted to have treated conservatively with physical therapy and acupuncture with some improvement and to have undergone epidural steroid injections. The patient is noted to have completed 8 sessions of chiropractic care as of 06/13/2013, but is noted to continue to complain of ongoing low back pain with active range of motion. On physical exam he is noted to continue to have restrictions of range of motion. The California MTUS Guidelines recommend a therapeutic trial of chiropractic treatment to the low back and with evidence of objective functional improvement, up to 18 sessions over 6 weeks. They note elective/maintenance care is not medically necessary and for recurrence/flare-ups there would be a need to re-evaluate treatment success. The guidelines state functional improvement is defined as a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in dependence on continued medical treatment. As there is no documentation of a clinically significant improvement in activities of daily living, there is no indication of a reduction in dependence on continued medical treatment, the request for additional chiropractic treatment does not meet guideline recommendations. Based on the above, the request for chiropractic treatment times 8 sessions is non-certified.