

Case Number:	CM13-0026465		
Date Assigned:	11/22/2013	Date of Injury:	02/16/2012
Decision Date:	01/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

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 physician 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:

According to the available medical records, this is a 40 year old male patient with chronic low back pain, date of injury 02/16/2012. Previous treatments include LSO brace, medications, physical therapy, chiropractic and injection. Progress report dated 08/13/2013 by [REDACTED] revealed epidural injection facilitates 60% diminution in radicular pain component with improved tolerance to standing and walking, LSO facilitates improved tolerance to standing and walking, medication does help; exam revealed tenderness lumbar spine, lumbar ROM: flexion 60, extension 50, left and right lateral tilt 50, left rotation 40, lower extremity neurologic evaluation essentially unchanged, positive straight leg raise right; diagnosis right lumbar radiculopathy and annular tear L5-S1; requesting chiropractic treatment lumbar spine 3 times per week for 4 weeks emphasis on active therapy, new LSO, continue medication; temporary partially disable with no lifting greater than 20 pounds, no repetitive bending or stooping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) chiropractic treatments: 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, Chronic Pain Section Page(s): 58-59..

Decision rationale: The California MTUS Guideline recommended chiropractic treatment as an option for treatment of chronic low back pain, for therapeutic care: a trial of 6 visit over 2 week . State guidelines also suggest 4 to 6 treatments to produce effect. The request for 12 chiropractic treatments is well exceeded the guideline recommendation and therefore, it is not medically necessary