

Case Number:	CM13-0027689		
Date Assigned:	11/22/2013	Date of Injury:	02/28/2007
Decision Date:	01/29/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/23/2013

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 Care, 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. 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 57-year-old male who reported an injury to back and right leg on 02/28/2007; however, the mechanism of injury was not documented. Treatment reported has been L5-S1 fusion and L2-3 foraminotomy 4/03/2008; second lumbar spine fusion on 03/17/2013; wound drainage 04/05/2011; bone growth stimulator 2012; TENS unit 2013; physical therapy times 12 sessions; EMG BLE 06/11/2013. Doctor reported 08/20/2013 that the patient 7/10 pain to right leg and increasing low back pain and pressure. The doctor also reported that "the patient continued to swim..." Doctor note dated 11/20/2013 states range of motion restricted, positive impingement sign, paravertebral muscle tenderness, spasm, reduced sensation in left dermatomal distribution. The patient reported improved pain relief with use of muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic care 3 times a week for 4 weeks for back and right leg: Upheld

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

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

Decision rationale: CA MTUS Guidelines recommend 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Therefore, the request exceeds guideline recommendations. The patient has had numerous treatments and surgery. Also, the patient reports no significant physical functional deficits. As such, the request for chiropractic care 3 times a week for 4 weeks for back and right leg is non-certified.