MAXIMUS Federal Services

Case Number:	CM13-0027946		
Date Assigned:	11/22/2013	Date of Injury:	05/09/2012
Decision Date:	01/30/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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. 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 51-year-old male who reported a work-related injury on 05/09/2012 due to a fall. The patient is status post soft tissue injury to the low back, left knee, and left ankle. MRI of the lumbar spine revealed L4-5 disc bulging and mild stenosis. No nerve root displacement or compression was noted and the neural foramina showed mild narrowing, but no nerve root impingement. The patient has undergone physical therapy treatments. His diagnoses are listed as low back pain, ankle joint pain, and hip pain. A request was made for chiropractic treatment two (2) times a week for six (6) weeks for the lumbar area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment two (2) times a week for six (6) weeks for the lumbar area: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300,Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Recent clinical documentation submitted for review noted the patient's gait was within normal limits and heel and toe walking were performed satisfactorily. No tenderness

was noted upon palpation. Peripheral pulses were intact. Motor strength of the lower extremities was listed as 5/5 with the exception of 4/5 to the left quads and hamstrings. Deep tendon reflexes were within normal limits. The patient stated he had pain in his low back that radiated down both legs to ankles. The California Chronic Pain Medical Treatment Guidelines indicate that chiropractic therapy and manipulation is recommended as an option for the low back with a trial of 6 visits over 2 weeks. Per clinical documentation submitted for review, the patient was not noted to have significant functional deficits to warrant chiropractic therapy visits. It is unclear per submitted documentation whether the patient has had former chiropractic therapy visits and the efficacy of these treatments. As such, the request for chiropractic treatment two (2) times a week for six (6) weeks for the lumbar area is non-certified.