

Case Number:	CM13-0031271		
Date Assigned:	12/04/2013	Date of Injury:	07/03/2003
Decision Date:	10/31/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/03/2013

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 Services 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 55 year old claimant with chronic low back pain, date of injury is 07/03/2003. Previous treatments include medications, chiropractic, physiotherapy and home exercises. Progress report dated 08/09/2013 by the treating doctor revealed patient with ongoing low back pain with symptoms extending into the left lower extremity that she rated 8-9/10 on pain scale. Examination noted she has tenderness to palpation of the lumbar spine extending into the left greater than right paraspinal region, she has diminished sensation of the left L4, L5 and S1 dermatomes. Diagnoses include lumbar disc herniation, facet arthropathy of the lumbar spine, ongoing knees complaints and plantar fasciitis. Chiropractic progress report dated 08/13/2013 revealed patient with low back pain rates 7.5/10 on pain scale, she has weakness in her legs that is increased on the left. Physical examination revealed tenderness to palpation along the lumbar spine paraspinal muscles, lumbar ROM indicated moderate restriction of flexion and extension with pain localized in the center of her low back, patient has decreased sensation on the left lower extremity entirely compare to the right, motor strength is 4/5 in the hamstring, quadriceps, and tibialis anterior bilaterally, positive Heel/Toe walking, positive SLR and Fabere bilaterally, positive Braggard's on the left cause numbness down the leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC 2 X WK X 4 WKS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

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

Decision rationale: The claimant is a 54 year old female with ongoing low back pain with duration of over 10 years. The available medical records showed she has completed at least 8 chiropractic visits and physiotherapy from 06/27/2013 to 08/09/2013. However, there is no evidence of objective functional improvements. Her subjective complaints and objective findings are similar when comparing progress report findings on 06/12/2013, before she started chiropractic treatments, and progress report on 08/09/2013 by her primary treating doctor. Based on the guideline cited, the request for additional 8 chiropractic treatments for the lumbar is not medically necessary.