MAXIMUS Federal Services

Case Number:	CM13-0040596		
Date Assigned:	12/20/2013	Date of Injury:	12/11/2009
Decision Date:	08/15/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/29/2013

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 a licensed Doctor of 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 59 year old male patient with chronic low back pain, date of injury 12/11/2009. Previous treatments include medications, TENS, H-Wave, home exercise program, chiropractic, injections, nerve blocks, acupuncture, physical therapy, lumbar radiofrequency ablation. Progress report dated 09/11/2013 by the treating doctor revealed lower backache 6/10, tingling over right toes. He is trying chiropractic therapy and TENS unit for pain relief. The patient reports that he was successfully able to taper Kadian on his own due to efficacy of chiropractic treatments. Exam noted lumbar spine ROM restricted with flexion limited to 60 degrees, extension 5 degrees limited by pain, right lateral bending 25 and left lateral bending 20 limited by pain, rotations are 30 degrees limited by pain, hypertonicity and tenderness noted on the left paravertebral muscles, lumbar facet loading positive on the left side, SLR positive on the right side, tenderness noted over the SI spine, right SI joint and trochanter, Faber test is positive. Diagnoses include lumbar radiculopathy, lumbar spondylosis, lumbar DDD and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 1 TIMES A WEEK TIMES 12 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

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

Decision rationale: According to the available medical records, this patient has ongoing chiropractic care since 2010 with only temporary relieve. The number of visits is unknown; however, there is no evidence of functional improvement achieved. The patient still complaints of ongoing low back pain, taking multiple medications, and have not been returned to work. Based on the guidelines cited above, the request for 12 chiropractic treatments of the lumbar is not medically necessary.