

Case Number:	CM13-0041020		
Date Assigned:	12/20/2013	Date of Injury:	01/01/2007
Decision Date:	10/21/2014	UR Denial Date:	10/01/2013
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 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 62 year old male patient with chronic low back pain, date of injury is 01/01/2007. Previous treatment include prior foraminotomy and laminectomy in 2002, chiropractic, physical therapy, medications, injections, Ortho's stim IV home unit, posterior lumbar interbody fusion L3-S1, LSO brace. Progress report dated 08/28/2013 revealed the patient continued to experience flare ups of his lower back pain, numbness and tingling to bilateral lower extremities. Lumbar spine exam revealed a forward flexed antalgic position, tenderness to palpation with mild muscle guarding and spasm over bilateral paraspinal muscles, tenderness to palpation over the bilateral gluteal musculature and sacrococcygeal region, SLR test elicits right side radicular complaints, Range of Motion (ROM) decreased. Diagnoses include lumbar spine sp/st with bilateral lower extremity radiculitis, and disc bulge with stenosis and annular tear with multilevel facet arthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 3 TIMES A WEEK FOR 4 WEEKS, FOR TREATMENT OF THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANNIPULATION.

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

Decision rationale: The patient presents with a recent flare up of his low back complaints while performing his usual and customary job duties. Medical records showed he has been suffering these type of flare ups on an off and on basis. While CA MTUS guidelines recommend 1-2 chiropractic treatments every 4-6 months for flare up of chronic low back pain, the request for 12 visits exceeded the guideline recommendation. Therefore, it is not medically necessary.