

Case Number:	CM13-0047131		
Date Assigned:	12/27/2013	Date of Injury:	04/28/2004
Decision Date:	06/04/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 injured worker is a 29-year-old female with a report of injury dated April 28, 2004. The presenting complaint was low back pain with bilateral extremity involvement. Progress notes dating back to February 2012 reported diffuse lumbar spine pain complaints, diminished sensation in the L4 and L5 dermatome on the left, and the electrodiagnostic assessment reported to show a peroneal motor response reduction. A suggestion of radiculopathy is noted. A topical cream and nonsteroidal medications were prescribed. A course of chiropractic care was outlined. The injured worker was described as permanent stationary in January 2012. At that time there were ongoing complaints of back and bilateral lower extremity symptomologies. An evaluation noted a diagnosis of degenerative disc disease and chronic low back pain. Multiple topical preparations were outlined. The most recent progress notes presented for review is dated in 2012. Thirty-six sessions of chiropractic care were requested, nine sessions had been approved, and twenty-seven sessions non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lumbar spine (12 sessions): Upheld

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

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

Decision rationale: When considering the date of injury, the injury sustained, the previous chiropractic interventions and there being no indication that the trial that was approved demonstrated any efficacy, utility or therapeutic improvement, there simply is no data presented to suggest additional chiropractic care was necessary after the initial trial had been completed. This individual has not returned to work, and had not demonstrated any improvement relative to the low back complaints. Therefore, there is insufficient clinical information presented to support this request.