

Case Number:	CM13-0047313		
Date Assigned:	12/27/2013	Date of Injury:	11/17/2011
Decision Date:	11/17/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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 Board Certified in 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 50 years old female with chronic pain in the low back, neck and wrists, date of injury for the low back is 11/17/2011. Previous treatments include medications, lumbar epidural injections, physical therapy, TENS unit. Progress report dated 10/14/2013 by the treating doctor revealed patient complains of moderate to severe back pain, pain radiates into the neck, shoulder, elbow, forearm, upper arm, hand, fingers, lower back, hip, buttock, leg, knee, ankle, foot, toes, symptoms include swelling, clicking, locking, tingling, burning, popping, grinding, stiffness, stabbing, weakness, catching, mass/lump, warmth, giving way, numbness, tenderness, 8-9/10 on pain scale, symptoms are constant, worsening and unchanged. Physical exam revealed mildly antalgic gait, lumbar ROM: flexion 35, extension 10, right lateral bending 10, and left lateral bending 50, positive Fabere test on both side. Diagnoses include L5-S1 moderate disc degeneration, radiculitis/neuritis thoracic or lumbar. The patient is on modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic therapy two (2) times week for four (4) weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

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

Decision rationale: The claimant presents with ongoing low back pain of over 2 years duration despite previous treatments with medications, epidural injections and physical therapy. There is no document of previous chiropractic treatments available. While a trial of 6 chiropractic treatments over 2 week, with evidences of objective functional improvement, totaled up to 18 visits over 6-8 weeks, might be recommended as an option under MTUS guidelines, the request for 8 treatments exceeded the guideline recommendation. Without evidences of objective functional improvements, chiropractic therapy 2x a week for 4 weeks is not medically necessary.