

Case Number:	CM13-0048339		
Date Assigned:	12/27/2013	Date of Injury:	06/22/2007
Decision Date:	07/03/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation 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:

This is a 46-year-old male with a 6/22/07 date of injury while working as a landscaper. He was lifting some heavy plants and had low back pain. He presented on 10/8/13 with complaints of low back pain, 6/10. His diagnosis is lumbar DDD, LS neuritis vs. radiculitis, and myofascial pain. He was seen on 10/15/13 where it was noted the patient has undergone physical and chiropractic therapy, an epidural injection, medications, and acupuncture. Exam findings of the lumbar spine revealed weakness in the left calf, otherwise no lumbar spasm or tenderness to palpation was noted. Plain films notes disc space narrowing at L5/S1. The patient was noted to be working occasionally as a bus driver. Treatment to date: acupuncture, medications, TENS unit, chiropractic treatment. A UR decision dated 10/15/13 modified the request given from 12 sessions to 6 sessions as guidelines recommend an initial trial of 6 sessions to assess for benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines (Manual therapy and manipulation Page(s): 58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. The patient is noted to have had chiropractic treatment in a progress note dated 10/15/13 but there is no indication of how many sessions or if this therapeutic modality was beneficial. Regardless, the patient had this request modified from 12 to 6 sessions, which is medically resalable to assess for any benefit. Thus the request as submitted was not medically necessary.