MAXIMUS Federal Services

Case Number:	CM13-0048764		
Date Assigned:	12/27/2013	Date of Injury:	10/12/2001
Decision Date:	02/25/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 57 year old female patient with chronic low back pain, date of injury 10/11/2001. Previous treatments include medication and chiropractic. Treatment report dated 10/02/2013 by [redacted] revealed severe intractable pain, there was no surgery, trauma or illness since the last visit, the patient is standing in an antalgic lean to the right and is listing by 30 degrees, low back pain is aching and throbbing, radiating, soreness, spasm, stabbing pain and stiffness, the symptoms radiate to left hip, left thigh, right hip, right thigh and right knee, 8/10 constantly, left pelvis/buttocks aching and throbbing pain, burning, pain is waking her up and pulsating, 8/10 constantly, mid back ache, pain at night and stiffness, 7/10 frequently, left hip ache and throbbing pain, burning and pain is waking her up, 8/10 constantly, left thigh ache and throbbing pain, soreness and spasm, 8/10 constantly; exam noted +4 asymmetery, edema, hypertonicity, hypomobile was found in bilateral C5, T5, T10, L3, L5, sacrum, pelvis, hips, bilateral lumbar extensors, quadratus lumborum and sacrospinalis +4 edema, muscle guarding, splinting spasm and tautness, C/s ROM is WNL, lumbar ROM decreased in all range, neck shown positive Soto Hall and cervical distraction tests, low back orthopedics revealed positive Minor's sign, positive Valsalva, lindner's, bilateral leg raise, SLR at 45 degrees on the left, Braggard's on the left, Derifield on the right and Kemp's bilaterally, hips exam revealed +4 muscle hypertonicity in left hamstring, left iliopsoas, left tensor fascia latae, fixation was noted and restricted ROM, [redacted] was positive, muscle strength: bilateral gluteus maximus 4/5, left gluteus medius 4/5, right hamstrings 4/5, bilateral iliopsoas 4/5, right quadriceps 4/5, left Achilles DTR was +1, left L4-S1 dermatomes decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the spine (3 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 and Manipulation Page(s): 58-59.

Decision rationale: Review of the available medical records shown this patient has had chiropractic treatments 2-3 times a month on a monthly basic from 10/03/2012 to 01/08/2014, it appear that she experiences flares-up once every 3-4 weeks for different reasons and need to come in for chiropractic treatment with physiotherapeutic therapy. According to CA MTUS guidelines, for recurrences/flares-up there is a need to re-evaluate treatment success, and only if return to work is achieved then 1-2 visits may be approprirate every 4-6 months. This request for 3 chiropractic treatment is not medically necessary.