

Case Number:	CM13-0053236		
Date Assigned:	12/30/2013	Date of Injury:	07/27/2006
Decision Date:	03/18/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/18/2013

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 a licensed Chiropractor and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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 56 year old female patient with chronic lower back pain, status post multiple lumbar spine surgeries and lumbar radiculopathy, date of injury 07/27/2006. Previous treatments include medications, injections, chiropractic and lumbar spine surgeries. Medical progress report dated 10/23/2013 by [REDACTED] revealed neck pain radiating to both shoulders and right forearm, upper back pain, low back pain radiating down to the posterior aspect of the left leg, and bilateral knee pain, she has been increased low back pain radiating to the left buttocks and posterior thigh/hamstring area over the past few months, MRI report date 10/10/2013 revealed postoperative changes and degenerative changes, central canal stenosis appears moderate at L2/3 and mild at L3/4, neural foraminal stenosis most pronounce bilaterally at L3/4, mild neuroforaminal stenosis bilaterally at L5/S1, more pronounced on the left, grade 1 anterolisthesis of L5 on S1; tenderness to palpation of the cervical and thoracic paraspinal muscles, severely limited range of motion of the lumbar spine, moderate tenderness to palpation of the lumbar paraspinal muscles, DTR are depressed bilaterally in the lower extremities, seated SLR is positive on the left, weakness on left ankle dorsiflexion and plantarflexion, weakness on left EHL strength testing; diagnoses chronic low back pain and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of chiropractic treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: CA MTUS guideline recommend chiropractic treatment as Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary.

Recurrences/flares-up- Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The request for 8 sessions of chiropractic treatment between 10/29/13 and 12/13/13 exceeded the guideline recommendation and therefore, is not medically necessary.