

Case Number:	CM13-0054179		
Date Assigned:	05/02/2014	Date of Injury:	10/14/2012
Decision Date:	06/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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 Services 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 40 years old female patient with chronic lumbar, coccyx and bilateral upper extremity radiculitis, date of injury 10/14/2012. Previous treatments include medications, physical therapy, chiropractic, acupuncture. Progress report dated 09/12/2013 by the treating doctor revealed worsening tailbone pain, worsening low back pain and bilateral arm pain and numbness. The patient recently had to go the emergency room because of worsening severe pain, over all she feels that her pain has become worse. Lumbar spine exam revealed pain to palpation over the lower back area at the L5-S1 facet joints, pain to palpation over the coccyx and tailbone area. Flexion: 50% of normal, extension: 20% of normal and side to side bending: 60% of normal. SLR at 60 degrees of extension on the right side radiates into the lateral thigh and leg. The patient to return back to modified work with alternating sitting and standing positions, and she may lay down as needed periodically.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC 2-3 TIMES A WEEK TIMES 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

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

Decision rationale: According to the available medical records, the patient has had 4 chiropractic treatments thus far and her tailbone and low back pain has worsening. She was recommended to returned to work full duty with no restrictions on 08/15/2013 before starting chiropractic treatments. She was subsequently placed on modified work on 09/12/2013 following her chiropractic treatments. Due to the lack of objective functional improvement, additional chiropractic 2-3 times a week for 6 weeks is not medically necessary.