

Case Number:	CM13-0061001		
Date Assigned:	12/30/2013	Date of Injury:	05/15/2013
Decision Date:	05/22/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/04/2013

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 34 year old male patient with low back pain, date of injury 05/15/2013. Previous treatments include medications, physical therapy, acupuncture, chiropractic and physiotherapy. Progress report dated 12/17/2013 by the treating doctor revealed constant pain in his lower back which he described as tight, sharp, sore, numb and throbbing, 9/10 pain levels with the effects of medication, he also complains of difficulty falling asleep due to pain and headaches. He states his pain is aggravated by prolonged sitting, prolonged standing, prolonged walking, walking on uneven surfaces, repetitive bending, repetitive neck bending, repetitive stooping, repetitive kneeling, repetitive squatting, repetitive overhead reaching, repetitive twisting, repetitive lifting, repetitive carrying, repetitive hand and arm movements, pushing, pulling, climbing, gripping, grasping, lifting heavy objects and cold weather, lifting any weight over 10 lbs aggravates his pain. Exam of the lumbar spine revealed positive Kemp's test and Milgram Test on both sides. Extradural involvement/sciatic tension is positive bilaterally, at levels L4-S1 palpation reveals moderate paraspinal tenderness and spasm bilaterally, severe spinal tenderness and spasm radiating to the groin bilaterally, ROM decreased in all ranges due to pain and spasm. The patient is placed on temporary total disability for 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM July 2012 Manipulation and Mobilization.

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

Decision rationale: According to the available medical records, this patient has had multiple chiropractic treatments with no document of objective functional improvement, as is required by MTUS guidelines for continued treatment. The patient's pain level is still at 9/10 and the patient is still on temporary total disability. Based on the guidelines cited above, the request for additional chiropractic treatments is not medically necessary.