

Case Number:	CM13-0062115		
Date Assigned:	12/30/2013	Date of Injury:	06/24/2013
Decision Date:	10/31/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/06/2013

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 56 years old female with chronic low back pain, date of injury is 06/24/2013. Previous treatments include chiropractic, physical therapy, medications, epidural injections and home exercises. Progress report dated 10/18/2013 by the treating doctor revealed patient with continues discomfort and pain in the low back with numbness and tingling down the leg. Lumbar spine exam revealed decreased in all lumbar ROM with pain toward terminal ROM, Sciatic notch is positive, Straight leg raise is positive, extensor hallucus longus weakness (+4/5) bilaterally. Diagnoses include spinal stenosis and radiculopathy. Patient continues to have discomfort and pain in the low back are with radiation down the leg, symptoms exacerbated with certain movements. Chiropractic care 2 x 4 is recommended. The patient continued modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment For The Lumbar Spine Twice A Week For Four Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant is 56 years old female with chronic low back pain that failed to response to previous treatments include medications, injection, physical therapy, and chiropractic. She has completed 8 chiropractic visits with no evidences of objective functional improvement. She actually experienced greater loss of lumbar ROM after chiropractic treatments. Based on the guidelines cited, the request for additional 8 chiropractic treatments is not medically necessary.