

Case Number:	CM13-0065359		
Date Assigned:	01/03/2014	Date of Injury:	08/13/2011
Decision Date:	03/28/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractics 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 63 year old male patient with chronic low back pain, date of injury 08/13/2011. Previous treatments include pain medications, topical cream, lumbar braces, TENS unit, physical therapy, acupuncture, shockwave therapy and chiropractic. Progress report dated 11/17/2013 by the treating doctor revealed burning, radicular low back pain and muscle spasm, 7-8/10 on pain scale. His pain is described as frequent to constant, moderate to severe and associated with intermittent numbness and tingling of the bilateral lower extremities. The pain is aggravated by prolonged sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs and stooping, getting dresses and performing personal hygiene. Pain is persist but relief with medications and physical therapy. Lumbar spine exam revealed heel-toe walk with pain, squat to about 15% of normal due to pain. Palpable tenderness at the lumbar paraspinal muscles and the quadratus lumborum, bilaterally and over the spinous processes L2-5. ROM of the lumbar spine markedly decreased. Straight leg raise is positive at 45 degrees on the right and positive at 60 degrees on the left. Motor strength in the bilateral lower extremities is slightly decreased secondary to pain. Patient is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two (2) times a week for eight (8) weeks- Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: The Expert Reviewer's decision rationale: Reviewed of the available medical records indicated that this patient has had chiropractic treatment recently with no evidence of objective functional improvement; the patient is still in a lot of pain, 7-8/10 on pain scale, that interfere with his activities of daily living and patient is still remained off work. Based on the guideline cited above, the request for additional chiropractic 2x a week for 8 weeks is not medically necessary.