

Case Number:	CM13-0067690		
Date Assigned:	01/03/2014	Date of Injury:	05/18/2006
Decision Date:	05/22/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/18/2013

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 Board Certified 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 71-year-old male patient with chronic low back, left hip, left thigh, left knee and left foot pain, with a date of injury 05/18/2006. The records of previous treatments are not available for review. The progress report dated 11/08/2013 by the treating doctor revealed frequent moderated achy 4-5/10 low back pain that radiate to the left lower extremity. Exam revealed hypoesthesia of the left L3-S1, lumbar flexion 60/90, extension 20/30, left lateral flexion 20/30 and right lateral flexion 20/25, +3 tenderness and spasm noted on eh L4-S2 SP, lumbar paravertebral muscle (PVM), bilateral sacroiliac joint and quadratus lumborum, Kemps test cause pain bilaterally, Braggard was positive on the left for radiating pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RE EXAM, SPINAL MANIPULATION, MYOFASCIAL RELEASE, EMS, INFRARED AND OUTCOME ASSESSMENT, ONCE A WEEK FOR FOUR WEEKS: Upheld

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

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

Decision rationale: The CA MTUS guidelines recommend 1-2 chiropractic treatments every 4-6 months for recurrent/flares up of chronic low back pain. According to the available medical records, this patient had 3 chiropractic treatments for flares up in 10/01/2013. Additional treatments request is not support by the guideline recommendation. As such, the request is not certified.