

Case Number:	CM13-0071566		
Date Assigned:	01/08/2014	Date of Injury:	04/25/2013
Decision Date:	03/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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:

The patient is a 34-year-old male who sustained a work-related injury on 4/25/13. The listed diagnoses are radiculitis of the lower extremities, and lumbar spine disc displacement. According to a progress report dated 8/21/13, the patient complains of intermittent moderate back pain that is aggravated by lifting more than 30lbs. He can ambulate much better and has an easier time getting up and down. He rates his pain at 6/10. Objective findings show tenderness to palpation in the lumbar spine. Trigger points decreased range of motion. The patient is positive for straight-leg raise, and has decreased sensation to the L5-S1 dermatomes on the left. Motor examination shows 4/5 in flexion and extension on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retroactive request for 16 sessions of chiropractic with modalities for the low back:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30,58.

Decision rationale: This patient presents with chronic lower back pain radiating to his bilateral lower extremities. The MTUS guidelines recommend chiropractic treatment for chronic pain if caused by musculoskeletal conditions. A trial of six visits over two weeks is recommended, and, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks can be recommended. A progress report dated 11/16/13 notes that the patient should continue with the course of chiropractic treatment for the lumbar spine three times per week for a period of six weeks. Based on this report, the patient appears to have had 18 sessions of chiropractic visits prior to the requested 16 sessions. In this case, the request for 16 additional treatments exceeds both the six sessions during an initial trial, and the total number of recommended sessions, when combined with the 18 previous visits. Therefore, the request is noncertified.