

Case Number:	CM14-0008466		
Date Assigned:	02/24/2014	Date of Injury:	06/03/2013
Decision Date:	10/22/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 44-year-old male patient with chronic low back pain, date of injury is 06/03/2013. Previous treatments include medications, back support, physical therapy, chiropractic and home exercises. Progress report dated 11/11/2013 by the treating doctor revealed patient continues to have pain in his back radiates to his buttocks. ThoracoLumbar ROM: flexion 30, extension 10, lateral bendings 10, rotations 30, positive SLR bilaterally, right greater than left at 90 degrees for back and radicular pain. The patient was recommended to start a trial of 6 chiropractic sessions. The patient is temporarily totally disabled. Progress report dated 12/23/2013 by the treating doctor revealed the patient has completed 5 chiropractic treatment, he feels that he has some increased flexibility and some decreased pain, he now feels he is capable of some modified work. ThoracoLumbar ROM: flexion 80, extension 15, lateral bendings 25, rotations 30, lumbosacral ROM is painful, tenderness and spasm in the right paralumbar muscles, negative SLR. Diagnoses is discogenic back pain. The patient is released to modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care For The Lumbar Spine 1 Time A Week Times 12 Weeks: Overturned

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

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

Decision rationale: Reviewed of the available medical records showed the patient has completed 6 chiropractic sessions with evidences of functional improvements. The patient complains of less pain and more flexibility, his thoracolumbar ROM increased, and straight leg raise is now negative. The patient also returned to work, but with restrictions. Based on the guideline cited above, the request for additional 12 chiropractic treatments for the lumbar spine is medically necessary.