

Case Number:	CM14-0107041		
Date Assigned:	08/01/2014	Date of Injury:	07/12/2013
Decision Date:	10/06/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 36 year old female patient with chronic lower back pain, date of injury is 07/12/2013. Previous treatments include medications, physical therapy, home exercise program, and modified work. Progress report dated 05/21/2014 by the treating doctor revealed patient reports pain throughout her body, more pain over the operated hernia since she fell and have been feeling like stitches broke since then, also complains of bad sleep and medication related constipation. She continues to report moderate 8/10 pain to neck and severe pain in low back. Neck pain radiates to right shoulder and right upper extremities. Low back, constant and severe, radiates to bilateral lower extremities, right greater than left, the pain is associated with tingling, numbness and weakness in the right arm, right hand, right leg, and right foot. The pain is aggravated by bending forward, backwards, stooping and prolonged standing, sitting and walking. The patient remained off work. Examination of the cervical spine revealed limitations in ROM with forward flexion, extension, rotations and side bendings, there is tenderness to palpation over the cervical paraspinal muscles, superior trapezius, levator scapula and rhomboid muscles. Examination of the lumbar spine revealed ROM to forward flexion is 40 degrees with forward reach to about the knees, extension is 10 degrees, and side bending are 20 degrees, rotation is limited. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, disorders of bursae and tendons in shoulder region, cervicgia, headaches, umbilical hernia and depressive disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk x 5wks Lower Back: Upheld

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

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

Decision rationale: The patient presents with chronic low back pain that has failed to respond to conservative treatments that includes medications, physical therapy, and home exercise program. There is no records of previous chiropractic treatments provided. While CA MTUS guidelines recommend a trial of 6 chiropractic visits over 2 weeks, with evidences of objective functional improvements, totalled up to 18 visits over 6 to 8 weeks, the request for 10 chiropractic visits exceeded the guidelines recommendation. Without evidences of objective functional improvements, it is not medically necessary.