

Case Number:	CM14-0015867		
Date Assigned:	03/05/2014	Date of Injury:	09/04/2009
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 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:

The patient is a 57 year old with an injury date of 9/4/09. Based on the 1/3/14 progress report provided by [REDACTED] the diagnosis is lumbar discopathy. As documented on the 1/3/14 progress report, the patient was able to approximate his fingers to the floor. Extension was 15 degrees, and rotation was 20 degrees bilaterally. Side bending was 15 degrees bilaterally. There was pain with lumbar range of motion. Straight leg raise produced lower back spasm. The patient is totally disabled and unable to work, per the 1/3/14 report.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC/PHYSICAL THERAPY: X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The 1/3/14 report shows that the patient has recently completed eight physical therapy visits. The 6/12/13 report showed that the patient underwent removal of the trochanteric bursa on 12/1/10 and received an unspecified number of postoperative chiropractic

visits. On 3/7/13, the patient began a program of self-treatment, including soft tissue modalities, exercise, and activity but showed no improvement. The 5/23/13 report showed that the patient had a flare-up of lower back pain with increased activity. On 7/18/13, the patient experienced another flare-up of low back pain with episodes of spasm and some increased radiation of pain, numbness and tingling into the lower extremities without bowel/bladder incontinence or hip pain. According to the 8/2/13 report, the patient is totally disabled and hasn't worked since 11/29/10. For chiropractic treatments, the MTUS guidelines allow up to 18 sessions total, and 1-2 sessions every 4 months if the patient is working. This patient recently completed 8 sessions and the additional 4 sessions are not consistent with MTUS guidelines. The patient is currently not working. The reports show that the patient has had extensive treatments and the patient should be able to perform the necessary exercises at home to manage pain. As such, the request is not medically necessary.