

Case Number:	CM14-0017470		
Date Assigned:	04/14/2014	Date of Injury:	03/13/2013
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/11/2014

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 30 years old female patient with chronic low back pain, date of injury 03/13/2013. Previous treatments include medications, injection, chiropractic, physical therapy and home exercise program. Progress report dated 11/19/2013 by the treating doctor noted that the patient had 9 chiropractic visits (from 05/28/2013 to 11/19/2013, she is receiving gentle chiropractic treatments and instructions to do exercises and active care at home. She is working with less restriction. She has 5 more authorized visits and comes in 1-2 times per month. Progress report dated 12/04/2013 by the secondary treating physician revealed the patient's follow-up visit for her injury on 03/13/2013, she is still complaining of the low back pain. She was treated with medications and advised to continue physiotherapy as recommend by her primary treating physician. On 12/10/2013, however, report from the primary treating physician report low back pain at work with a new injury date 12/05/2013. The patient report lower back pain with numbness in the left leg, coccyx and sacrum pain increased on the left, thoracolumbar pain increased on the left. Examination revealed lumbar ROM restricted 40-50% with pain more on the left. There were tenderness and muscle spasms with myofascial pain and trigger point more on the left. Positive Lasegue test, Patrick/Faber test, Bragard test and Kemp's test. There was tenderness at the sacroiliac and coccyx area, more on the left side. Dermatomes were questionably decreased on the left. Achilles tendon reflexes were absent bilaterally. Patellar tendon reflexes were trace bilaterally. Diagnoses interestingly include cervical disk syndrome, radicular neuralgia, lumbar sp/st, thoracic sp/st, sacrum sp/st, segmental dysfunction of the thoracic spine, segmental dysfunction of the lumbar spine and coccyx pain. Patient to returend to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL NINE CHIROPRACTIC TREATMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy And Manipulation, Page 58.

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

Decision rationale: After review of the available medical records clearly suggested that this is a flares-up of the patient conditions, which she is still receiving ongoing chiropractic care. Based on the guideline recommendation for flares-up, the request for 6-8 chiropractic treatments is not medically necessary.