

Case Number:	CM14-0131345		
Date Assigned:	08/20/2014	Date of Injury:	10/10/2006
Decision Date:	09/25/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/18/2014

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 Chiropractics 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 43 year old female patient with chronic back pain, date of injury 10/10/2006. Previous treatments include medications, chiropractic, physical therapy, acupuncture. Progress report dated 04/25/2014 by the treating doctor revealed patient presents with low back pain. Since her last visit, her pain has decreased 30% but she continues to have difficulty sleeping secondary to pain. Low back pain described as aching and burning along the beltline with stabbing pain in buttocks, radiating pain down bilateral lateral legs to the knees, 3-4/10 on pain scale. Exam revealed mildly tender to palpation in the cervical region, tender to palpation over the lumbar spine, slightly over the cervicothoracic junction midline, and tender, to palpation in the right sciatic notch. She also has positive facet challenge approximately at the L4-5 on the right, lumbar ROM: flexion 45, extension 10, left and right bend 15, decreased sensation in the right C8 dermatomes and right L3 through S1 dermatomes, right tibialis anterior and extensor hallucus longus are +4/5, positive SLR left at 80 degrees with radiation to the ankle. Diagnoses include lumbar DDD (degenerative disc disease), lumbar disc herniation, cervical DDD and grade I anterolisthesis at L4-5. The patient remained on modified work. The patient had reached maximal medical improvement according to the Agreed Medical Examination dated 10/22/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 4 weeks (total 8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

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

Decision rationale: The patient presents with low back pain symptoms that lasted about 8 years. She had reached maximal medical improvement and considered permanent and stationary as per AME report dated 10/22/2012. According to the doctor's first report dated 01/29/2014 by the treating doctor, the patient presented with numbness, aching and burning pain in the low back with radiation down the left lower extremity, specifically there is a pins and needles sensation with stabbing pain in the left buttock down the lateral aspect of the leg into the calf. She states that her symptoms remain stable and have not changed since her last visit. She was last seen in this office on 07/03/2012. The patient has reached MMI over 2 years ago and remains stable since, there is no expectation that she will achieve positive symptomatic or objective functional gains with more treatments. Therefore, the request for Chiropractic Treatment 2 times a week for 4 weeks is not medically necessary.