

Case Number:	CM14-0148043		
Date Assigned:	09/18/2014	Date of Injury:	09/19/2000
Decision Date:	12/10/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/11/2014

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 licensed 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 65 year old male with chronic low back pain; date of injury is 09/19/2000. Previous treatments include medications, chiropractic, physiotherapy, home stretch and exercises. Progress report dated 08/06/2014 by the treating doctor revealed patient complains of lumbar pain with constant numbness in the LLE, pain has been constantly dull, but becomes sharp pending activities, such as yard work, bending and twisting. Objective findings include some difficulty getting up from a seated position and left antalgic gait disturbance, severe tenderness to palpation and hypertonic musculature experienced over the lumbar and left gluteal regions, weakness noted in the LLE, lumbar ROM decreased with dull LBP in lateral flexions, the patient unable to perform Heel/Toe walk test, Ely's Nachlas, and Yeomans tests produced sharp lumbar pain, SLR test revealed 30 degrees on the left with sharp LBP and 45 degrees on the right with sharp LBP. Diagnoses include DJD osteoarthritis lumbar, lumbosacral sp/st, neuralgia/Neuritis/radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the low back 1x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manipulation.

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

Decision rationale: The claimant presents with chronic low back pain for over 14 years. Reviewed of the available medical showed he has had 2 chiropractic treatments in April and May, 2014. While previous chiropractic treatments showed evidences of objective functional improvement, MTUS guidelines recommend 1-2 visits every 4 to 6 months for flare up. The request for 4 chiropractic treatments for the low back exceeded the guideline recommendation and therefore, it is not medically necessary.