

Case Number:	CM14-0160610		
Date Assigned:	10/06/2014	Date of Injury:	05/11/2012
Decision Date:	11/19/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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, has a subspecialty in Acupuncture 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 65-year-old male with a date of injury of 5/11/2012. According to the progress report dated 8/28/2014, the patient complained of low back pain and foot pain. The low back pain was rated at 9/10 and 6-8/10 for the foot pain. The pain was described as constant and travels to the left leg and left foot. Significant objective findings include tenderness and spasms throughout the paraspinal muscles including the left gluteus muscle. The range of motion in the lumbar spine was restricted and straight leg raise test was positive on the left. The patient was diagnosed with lumbar spondylosis with mild central canal stenosis, status post left inguinal hernia 2/14/12, lumbar radiculopathy bilateral L5-S1, and prostate cancer stage 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Physiotherapy 2 times a week for 4 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Page(s): 58-60.

Decision rationale: The provider's request for chiropractic physiotherapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary at this time. The patient completed at

least 24 chiropractic sessions. According to the progress report dated 9/27/2012, the provider stated that the patient had failed to improve with 24 chiropractic therapies. There was no documentation of functional improvement for prior chiropractic treatments; therefore, the additional chiropractic care is not medically necessary.