

Case Number:	CM14-0162362		
Date Assigned:	10/07/2014	Date of Injury:	08/30/2013
Decision Date:	11/10/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/02/2014

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 33 year old male with chronic low back pain; date of injury is 08/30/2013. Previous treatments include medications, acupuncture, chiropractic and physiotherapy. There are no other treatments records and progress reports available for review. According to the treating doctor appeal letter dated 10/19/2014, the claimant presents on 08/26/2014 with increased mid back pain and low back pain with radiation to the left leg. He also had tingling, numbness and weakness in the left leg. Examination noted positive straight leg raising test bilaterally in supine position at 45 degrees on right and 50 degrees on left, and positive in sitting position, left greater than right. Impression was displacement of lumbar intervertebral disc without myelopathy. Lumbar epidural steroid injections at L5-S1, chiropractic physiotherapy and acupuncture are requested. Subsequent visit on 09/29/2014, the claimant continued to report ongoing mid back and low back pain with radiation to the left leg and continue tingling, numbness and weakness in his left leg. He reported no sustained improvement because he continued working, which involved lifting 50 pounds, which was preventing him from getting better.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Physiotherapy Two Times a Week for Five Weeks for the Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60, 98-99.

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

Decision rationale: The claimant presents with a flare up of his chronic low back pain due to heavy work duty. It is noted that previous chiropractic treatment has been helpful with his symptoms. While 1-2 chiropractic visits is recommended by MTUS guidelines for flare-up, the request for 10 treatments exceeded the guideline recommendation. Therefore, the request for Chiropractic Physiotherapy Two Times a Week for Five Weeks for the Lumbar Spine is not medically necessary.