

Case Number:	CM14-0166076		
Date Assigned:	10/13/2014	Date of Injury:	05/02/2007
Decision Date:	12/05/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/08/2014

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 56 year old male with chronic low back pain. The date of injury is 05/02/2007. Previous treatments include chiropractic, medications, epidural injections, lumbar nerve block, H-wave therapy, and home exercise. Newest progress report dated 09/17/2014 by the treating doctor revealed patient with low back pain radiating down both legs, 3/10 with medications and 8/10 without. Objective findings include lumbar spine range of motion restricted with extension 10 with pain, right lateral bending 10, left lateral bending 19, rotations 50 on both side, normal flexion, paravertebral muscles tender to palpation on both sides, patient can't walk on heel, light touch sensation decreased over calf and bottom right foot on the right side, sensation to pin prick decreased over the S1 lower extremity dermatomes on both sides. Diagnoses include lumbar facet syndrome, radiculopathy, spinal/lumbar degenerative disc disease, and lumbar radiculopathy. The patient has a work restriction of no lifting greater than 35 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Chiropractic 8 visits for the lumbar spine (DOS: 12/04/2013 to 12/20/2013):
Upheld

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

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

Decision rationale: The claimant presents with ongoing low back pain that radiates down both legs. Review of the available medical records showed he has completed 6 chiropractic treatments between 11/18/2013 and 12/02/2013. However, there are no previous chiropractic treatment records available for review, no document of objective functional improvements from prior chiropractic treatments as required by MTUS guidelines. Based on the MTUS Chronic Pain Medical Treatment Guidelines, the retrospective request for 8 chiropractic visits for the lumbar spine from 12/04/2013 to 12/20/2013 is not medically necessary.