

Case Number:	CM14-0167521		
Date Assigned:	10/14/2014	Date of Injury:	03/22/1996
Decision Date:	11/21/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/10/2014

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 Services 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 72 year old male with chronic low back pain and right knee pain, date of injury is 03/22/1996. Previous treatments include medications, chiropractic and physiotherapy. There are no other treatment records available. Progress report dated 09/30/2014 by the treating doctor revealed worsened low back pain, the patient is having sciatica symptoms - previously only low back pain. Objective findings noted positive SLR test on the left, decreased left Achilles reflex, decreased sensation on lateral calf. Diagnoses include degenerative joint disease in bilateral knees, spondylolisthesis, degenerative disc disease in the lumbar spine, bilateral lower extremities radiculopathy, bilateral foot pain, bilateral shoulders degenerative joint disease, left heel calcific Achilles tendonitis, carpal tunnel syndrome and left shoulder rotator cuffs tear. The patient is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic treatment for the low back: 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 Chronic Pain Page(s): 58-59.

Decision rationale: The claimant present with chronic low back pain with duration over 18 years. He has completed 12 chiropractic treatments recently with no evidences of objective functional improvements. His symptoms have worsened and he is starting to show sign of sciatica, where as he only presents with low back pain before. Based on the guidelines cited above, the request for additional 12 chiropractic treatments for the low back is not medically necessary.