

Case Number:	CM14-0021520		
Date Assigned:	05/07/2014	Date of Injury:	01/08/2013
Decision Date:	07/09/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/20/2014

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 27 years old male patient with chronic lower back pain, date of injury 06/12/2012. Previous treatments are not known except for multiple chiropractic visits from September 2013 to February 2013. Progress report dated 02/11/2014 by the treating doctor revealed patient with continued numbness and tingling along lateral right knee, along the lateral calve region, and into his right lateral foot. His lower back pain continues as a deep achy pain, more localized along his right side and into the gluteal region. The pain continues to increase for him after any prolonged sitting, standing, walking, or lifting. Lower back pain continues as sharp pain in the right lumbar spine that creates tightness in his whole lower back and moves into his gluteal region on his right side. Prolonged sitting or standing aggravates the lumbar spine pain as well as bending and lifting as this feels the worst from L4 to the sacral region on the right. He continues to feel moderately restricted during flexion and extension of the lumbar spine as he described the pain as 5/10. Sharp radiating pain from his lower back and into his right leg and foot with any movement. He continues to experience intermitten numbness and tingling along his posterior thigh and into his entire right foot, worst along the lateral aspect. Exam revealed spinous and paravertebral muscle tenderness in the thoracic and lumbar spine. ROM noted decreased flexion, extension and rotations with pain. Positive SLR test on the right, positive Fabere-Patrick, positive Iliac Compression, positive Milgram's test, positive Tendelenburg and positive Valsalva.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS TWO TIMES A WEEK FOR SIX WEEKS TO THE LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

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

Decision rationale: According to the available medical records, this patient has had about 30 chiropractic visits to date with no evidence of significant functional improvement. The patient is still "not yet ready to return to work due to his continuing injuries and pain" and the chiropractic visits he received exceed the CA MTUS guidelines recommendation for chronic lower back pain. The request for additional 2x6 chiropractic sessions is not medically necessary.