

Case Number:	CM14-0028184		
Date Assigned:	06/13/2014	Date of Injury:	05/01/2003
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/05/2014

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 65 year old male patient with chronic low back and left ankle pain related to an injury sustained on 5/1/03. Previous treatments include medications, chiropractic, discectomy in September 2007 and January 2008, L4-S1 fusion in December 2010, aquatic therapy, and injections. A progress report dated 2/6/14 by the treating provider revealed patient flare up his pain from driving a lot. He has bilateral sharp and stiff low back pain that is consistent and rated at 5-8/10; pain radiated to left buttock, left posterior thigh proximal to posterior knee, left leg distal to posterior knee, left leg to ankle and left lateral foot numbness. Lumbar Oswestry was 52%. Lumbar flexion was 28/60 with pain, extension was 5/25 with pain, left lateral bending within normal limits (5/25 with pain), right lateral bending within normal limits (5/25 with pain), and shortened gait pattern. There was lumbar paraspinal tenderness on palpation, and left calf atrophy. Left achilles reflexes were 0. Left straight leg raise (seated with Bragard reinforcement) causes radiation to dorsal foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MANIPULATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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

Decision rationale: The available medical records show that the patient has had four chiropractic treatments in January 2014 with minimal functional improvement. He also has had chiropractic treatments in December 2014 and November 2013. However, the number of visits is unknown and there is no document of functional improvement. Whereas the California MTUS guidelines recommend 1-2 visits every 4-6 months, the number of visits this patient has had and the current request for continuing chiropractic treatment exceeded the number of visits recommended by the guidelines. Therefore, the request for chiropractic manipulation is not medically necessary.