

Case Number:	CM14-0029757		
Date Assigned:	07/02/2014	Date of Injury:	06/20/2007
Decision Date:	07/31/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/24/2014

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:

The injured worker is a 56 year old male who was injured on 6/20/07 when he bent over at work he felt a pinch in his left low back. Prior treatment he has received is medications, physical therapy, acupuncture, facet and epidural steroid injections without any amounts of care documented. Previous chiropractic care and the amount has not been documented either. On 9/11/08 an EMG/NCV study revealed lumbosacral radiculopathy of the L5 nerve root bilaterally. On 9/24/09 a MRI of the lumbar spine revealed mild degenerative disc disease, small superior and inferior Schmorl's Nodes and mild broad based disc buldge at L1-L2, without significant stenosis. Mild broad based disc bulge, super imposed small right paracentral annular tear and protrusion and superior and inferior Schmorl's node at L2-L3 with mild narrowing of the right lateral recess. Mild broad based bulges at L3- L4 and L4-L5 with out significant stenosis. Small to moderate right paracentral annular tear and protrusion and mild bilateral facet hypertropic changes at L5-S1 with significant stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT/MANIPULATION: SIX (6) SESSIONS

CHIROPRACTIC CARE 1-2 TIMES A WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

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

Decision rationale: There has been no previous Chiropractic care documented for amount and achievement of objective measureable gains. The medical doctor has not shown objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In addition, the amount of chiropractic treatment requested does not follow the MTUS Chronic Pain guidelines listed above. The requested treatment of 1-2 times per week for 6 weeks is not medically necessary as this request does not follow the MTUS guidelines.