

Case Number:	CM14-0033681		
Date Assigned:	06/20/2014	Date of Injury:	06/09/2005
Decision Date:	07/22/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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 Medicine, 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 31-years-old female patient with chronic low back pain, date of injury 06/09/2005. Previous treatments include chiropractic, medications, spinal cord stimulator, L5-S1 fusion surgery in 2009, physical therapy and home exercise. Progress report dated February 11, 2014 by the treating doctor revealed patient in routine follow up regarding her left sciatica. Her condition has been stable. She had eight sessions of chiropractic, which "messed up" her neck, but she had some temporary relief for her lower back pain, but no functional improvement. She notes that it seems to relieve some of the pressure off her sciatica for a couple days at a time. She is a slender female in no acute distress. She continues to have mild diffuse weakness in the left leg, with limitations in lumbar range of motion and numbness. Gait is still with a slightly decreased stance phase on the left side. Impression: chronic low back pain with referral down the left leg suggestive of L5 radiculitis due to epidural fibrosis, status post L5-S1 MLD followed by ALIF in 2009, having good response after SCS trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic times 8 sessions to the low back: Upheld

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

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

Decision rationale: According to the Chronic Pain medical Treatment Guidelines, Trial of six visits over two weeks, with evidence of objective functional improvement, total of up to eighteen visits over six to eight weeks. Elective/maintenance care - Not medically necessary. Recurrences/flares-up - Need to re-evaluate treatment success, if RTW (return to work) is achieved then one to two visits every four to six months. The records show that the patient recently had eight sessions of chiropractic treatment with no functional improvement. The request for eight sessions of chiropractic care to the low back is not medically necessary or appropriate.