

Case Number:	CM14-0042736		
Date Assigned:	06/30/2014	Date of Injury:	09/01/1980
Decision Date:	07/30/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/09/2014

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 75 years old male patient with chronic low back pain, date of injury 09/01/1980. Previous treatments include medications, chiropractic, epidural steroid injection. Progress report dated 03/03/2014 by the treating doctor revealed patient returned with bilateral posterior leg pain that travels to the bottom of his feet. He stated that over the last couple of weeks the pain has returned and is affecting his ability to sit for longer than 15 minutes, stand for longer than 20 minutes, walk for longer than 20 minutes and perform physical ADLs that involve bending, lifting and stoopings. His lumbar pain is constant and rated 5-8/10 and the pain in the legs with paresthesia is also constant and rated 3-8/10. His worsening pain has failed to improve with rest, heat, ice, stretching, Flexeril and Arthrotec usage. Lumbar ROM noted flexion 40/60, extension 9/30, rotation 20/30 bilaterally and lateral flexion 10/25 bilaterally. Left Achilles reflex is 1+, mildly positive Heel and Toe walk due to increased pain affecting the left leg. Positive SLR on the left at 60 degrees, positive Kemp's test bilaterally. There is moderate tension affecting the lumbar and thoracolumbar paraspinal musculature, segmental dysfunction is present at the left SI, L4-5 and T9-10. Diagnoses include lumbar IVD disorder, lumbar neuritis, segmental dysfunction of the lumbar, thoracic and SI, and lumbar spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 CHIROPRACTIC TREATMENT OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, page 58-59.

Decision rationale: According to the treating doctor's report on 03/03/2014, the patient reported improvement with lumbar ESI on 11/2/2013. He was able to return to his daily activities of wood working, caring for his property and helping his wife with chores around the house, his leg pain was absent for the first 3.5 months following the injection and now has returned over the past couple of weeks. Even though with all the functional improvement, the patient continued to have regular chiropractic treatments once a month on 09/17/2013, 10/15/2013, 11/15/2013, 12/18/2013, 01/07/2014, 02/04/2014, and 03/03/2014. The California MTUS guideline do not recommend maintenance care as medically necessary. Therefore, the request is not medically necessary.