

Case Number:	CM14-0052499		
Date Assigned:	07/07/2014	Date of Injury:	07/30/2013
Decision Date:	08/25/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/21/2014

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 26 year old male patient with chronic low back pain, date of injury of 07/30/2013. Previous treatments include medications, heat wraps, injection, physical therapy and home exercises. Progress report dated 02/18/2014 revealed patient with continued discomfort and pain in the low back area with radiation down the leg. He does have a disk herniation at L5-S1 that cause persistent pain down the leg. The physical exam noted increased pain in the thoracic spine toward terminal range of motion, decreased lumbar range of motion with pain toward terminal range of motion, sciatic notch is positive, a straight leg raise test is positive, light touch sensation decreased in the S1 dermatome, the rest of the exam is unremarkable. The patient's diagnoses include spinal stenosis and radiculopathy. The patient had an epidural steroid injection on 03/03/2014. The patient has returned to work with modified duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy two times a week for four weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient noted to have good improvement in his pain post epidural steroid injection and he has returned to work. While California MTUS guidelines recommended a trial of 6 chiropractic visits over 2 weeks, with evidence of objective functional improvement, the request for 8 visits, with the patient already returned to productive activities, exceeded the guideline recommendation. Therefore, it is not medically necessary.