

Case Number:	CM14-0056999		
Date Assigned:	07/09/2014	Date of Injury:	06/02/2013
Decision Date:	09/08/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/28/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 61 year old male was injured on 6/2/13. The mechanism of injury was not provided for review. The most recent progress note, dated 4/2/14, indicated that there were ongoing complaints of low back pain that radiated down the bilateral lower extremities. The physical examination demonstrated lumbar spine positive tenderness to palpation of the lower lumbar, and lumbosacral facets with guarding of the right paralumbar musculature, good muscle strength in all extremities, limited range of motion, straight leg raise was positive for low back pain, and leg pain was 45 degrees on the right and 55 degrees on the left. Diagnostic imaging studies included electromyography and nerve conduction studies (EMG/NCS) of bilateral lower extremities performed on 1/19/14, which revealed normal study. Previous treatment included previous surgery, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar X-Rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-7, page 304. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Procedure Summary (last updated 03/18/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically sited).

Decision rationale: Radiographs of the lumbar spine are recommended for acute low back pain with red flags for fracture or serious systemic illness, subacute low back pain that is not improving, or chronic low back pain as an option to rule out other possible conditions. After review of the medical records provided, it is noted the injured worker has had a previous MRI in 2013. There is also no indication of acute low back pain or associated red flags. Therefore, this request is deemed not medically necessary.

Chiropractic Treatment QTY: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Colorado, 2006; Fritz, 2007; Lawrence, 2008; Globe, 2008.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of six visits over two weeks with the evidence of objective functional improvement, and a total of up to eighteen visits over sixteen weeks is supported. The treating physician has recommended ten sessions of chiropractic care, which exceeds the maximum visits allowed by treatment guidelines. Therefore, this request as stated, is considered not medically necessary.