

Case Number:	CM14-0088332		
Date Assigned:	07/23/2014	Date of Injury:	02/27/2013
Decision Date:	08/27/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 37 year old male patient with chronic lower back pain, date of injury 02/27/2013. Previous treatments include acupuncture, chiropractic and physiotherapy, CBT, lumbar epidural steroid injections, medications. Progress report dated 05/09/2014 by the treating doctor revealed constant, moderate lower back pain that radiates to his buttocks, back of the left leg, left knee, and left ankle with associated numbness and tingling, the pain increased with walking and prolonged standing and decreased when lying down. Exam of the thoracolumbar spine revealed tenderness to palpation with spasms of the paraspinals bilaterally and tenderness to palpation and atrophy of the left gluteal muscle, limited ROM secondary to pain, positive sitting root. Diagnoses included lumbar spine sp/st with radiculopathy, lumbar spine disc protrusion, lumbar radiculopathy, chronic pain, insomnia and depression. The patient is sent back to work with modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic with Physiotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Chiropractic treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-59,98-99.

Decision rationale: Reviewed of the available medical records noted that this patient has completed several chiropractic treatments from 02/21/2014 to 04/14/2014. However, there is no change in the patient's subjective complaints and objective findings in the 2 chiropractic progress reports dated 02/21/2014 and 04/14/2014. UR letter dated 04/08/2013 certified 6 chiropractic visits for the lumbar spine from 04/08/2013 to 04/07/2014. However there is no treatment records available for those visits. The primary treating doctor progress report dated 04/11/2014 also noted therapy and acupuncture help decreased his pain temporarily, there is no evidence of objective functional improvement documented on the report and essential no change in physical examination, the patient remained on total temporary disability. Based on the guidelines cited above, the request for 12 chiropractic with physiotherapy visits are not medically necessary.