

Case Number:	CM14-0130201		
Date Assigned:	08/20/2014	Date of Injury:	08/16/2009
Decision Date:	01/27/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/14/2014

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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 40-year-old male with date of injury of 06/18/2009. The listed diagnoses from 05/06/2014 are: 1. Lumbar disc displacement without myelopathy2. Degeneration of the lumbar or lumbosacral intervertebral discAccording to this report, the patient complains of chronic neck and low back pain. The patient recently received a lumbar epidural steroid injection, which decreased his pain from 7/10 to 3/10. He reports better range of motion and ability to perform more activities with less pain. The patient also states that he stopped utilizing his oral pain medication because of the benefit from his recent injection. Examination shows no tenderness in the lumbar sacral junction. Range of motion is full with flexion, extension, and rotation bilaterally. Sensation is decreased to light touch at the left calf. Motor strength is 5/5. Deep tendon reflexes were 2+ and equal. Treatment reports include progress reports from 12/04/2013 to 05/06/2014, LESI procedure report from 04/29/2014 and lab reports from 2013. The utilization review denied the request on 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the low back x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Treatments Page(s): 58, 59.

Decision rationale: This patient presents with chronic neck and low back pain. The provider is requesting chiropractic care for the low back times 12. The MTUS Guidelines on Manual Therapy and Treatments pages 58 and 59 recommend this treatment for chronic pain if caused by musculoskeletal conditions. A trial of 6 visits over 2 weeks is recommended and with evidence of objective functional improvement up to 18 visits over 6 to 8 weeks. The records do not show a history of chiropractic treatment. The report making the request is missing. It is unclear why the provider is making this request given that the patient's recent examination shows significant improvement of symptoms from a recent ESI in the lumbar spine. While a trial is supported by the MTUS Guidelines, the request 12 sessions exceeds MTUS recommended 6 initial visits and with functional improvement up to 18 visits. The request is not medically necessary.