

Case Number:	CM14-0179999		
Date Assigned:	11/05/2014	Date of Injury:	02/08/2005
Decision Date:	01/09/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 59 year old male with chronic low back pain; date of injury is 02/08/2005. Previous treatments include medications, lumbar epidural steroid injections, physical therapy. Progress report dated 09/04/2014 by the treating doctor revealed patient with low back pain, left thigh, and left lower leg, pain describes as deep dull ache, left leg numbness and tingling, cramps, heavy. Objective findings include +2 tenderness to palpation on the right paralumbar with spasms, atrophy presents in the quadriceps, patient reaches to the knees on forward flexion, right lateral bending is 0-10, left is 20-30 degrees with pain, extension 0-10, right and left resisted rotation diminished, straight leg raising positive at 40 degrees on the left, ROM limited secondary to pain, lower extremities deep tendon reflexes are absent at the knees, sensation to light touch decreased on the left, in the lateral thigh. Diagnoses include lumbar radiculopathy, lumbar disc displacement, and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 times a week times 6 weeks, for the lumbar spine (6 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: The claimant presents with chronic lower back pain. Previous treatments include medications, injection and physical therapy. There are no other treatments records available for review. Current request for 6 chiropractic treatments and counsel on therapeutic exercises is within MTUS guidelines recommendations. Therefore, it is medically necessary.