

Case Number:	CM14-0188595		
Date Assigned:	11/19/2014	Date of Injury:	09/22/2010
Decision Date:	01/07/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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 47 year old male with chronic low back pain date of injury is 09/22/2010. Previous treatments include medications, physical therapy, low back surgery on 01/11/2013, chiropractic, H-wave therapy, and transcutaneous electrical nerve stimulator (TENS) unit. Progress reports dated 08/28/2014 by the treating doctor revealed patient with ongoing aching in the back, there was some swelling and some residual swelling, he is going once a week for chiropractic visits. He continued to complain of occasional to intermittent, minimal pain in his lower back. Objective findings include no interval changes on back examination, limited range of motion (ROM) in all planes due to low back pain. MRI of the lumbar spine with contrast dated 08/27/2013 revealed congenitally short pedicles, most notably at the L3 and L4 levels, postsurgical changes at L4-5 with interval resection of the prominent disc extrusion, currently only mild diffuse bulging of the annular remnant is seen with mild enhancing granulation tissue/scar noted, no significant central canal or neural foraminal narrowing is appreciated-improved in the interval, mild right subarticular recess narrowing may be present at this level-improved in the interval, milder degenerative changes at the L2-3, L3-4, and L5-S1 levels, the size of the posterior disc protrusion is minimally increased at L3-4 level, with otherwise no significant interval change is appreciated. Diagnoses include stenosis lumbar, lumbar disc displacement, and radiculopathy. The patient returned to full duty work with no limitations or restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy 2 times per week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines, Therapeutic Care

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

Decision rationale: The claimant presented with ongoing low back pain. Previous treatments include medication, physical therapy, low back surgeries, TENS unit, H-wave, and chiropractic. The available medical records showed the claimant has been receiving chiropractic treatment on a weekly basis; he has had 52 visits to date. Based on the evidences based guidelines cited above, the claimant has exceeded the total number of visits recommended, and maintenance care is not recommended by the guidelines. Therefore, the request for additional 12 chiropractic treatments is not medically necessary.