

Case Number:	CM14-0193721		
Date Assigned:	12/01/2014	Date of Injury:	01/04/2011
Decision Date:	01/15/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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 34 year old male with chronic low back pain and left leg dysesthesia, date of injury is 01/04/2011. Previous treatments include medications, injections, physical therapy, home exercise, and chiropractic. Progress report dated 10/31/2014 by the treating doctor revealed patient with chronic low back pain with left leg dysesthesias, pain is rated as 9/10. Lumbar spine examination revealed tenderness from L4-S1 and along the left paraspinal mass as well as the SI joints, he flexes his back with his fingers going to his knees causing low back pain and leg pain and extends about 20 degrees with low back pain, decreased sensation in the left lower extremity circumferentially, SLR was positive. Diagnoses include displaced lumbar intervertebral disc, lumbar spinal stenosis, and sciatica. The treating doctor felt that the patient not to be surgical, no indication to repeat injections, he has done physical therapy with no significant benefit, he has found some temporary benefit with chiropractic care, and he is MMI without expectations for further improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x4 lumbar spine and left leg/thigh: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

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

Decision rationale: The claimant presented with ongoing low back pain with left leg dysesthesia despite previous treatments with medications, injections, physical therapy, chiropractic and home exercises. There is no previous chiropractic treatment records available, however, it is noted that previous chiropractic treatments only provided temporary relieve. Furthermore, the claimant is considered MMI without expectation of further improvement by the treating doctor. Based on the guidelines cited, the request for chiropractic treatment 2x4 for the lumbar spine and left leg/thigh is not medically necessary.