

Case Number:	CM14-0102000		
Date Assigned:	08/01/2014	Date of Injury:	06/05/2013
Decision Date:	10/03/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/02/2014

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 60-year old male patient with chronic low back pain; date of injury is 6/5/2013. Previous treatments include medications, injections, back support, acupuncture, physical therapy, and home exercises program. Progress report dated 05/23/2014 by the treating doctor revealed patient with moderate to severe low back pain, pain radiates up to the head, neck, back, lower back, buttocks, hip, leg, knee, ankle, hand, fingers. Symptoms include aching, burning pain, clicking, fever, giving way, grinding, locking, nausea, numbness, and popping, sharp pain, stabbing pain, stiffness, swelling, tenderness, tingling, vomiting, warmth and weakness. Pain is 7-10/10 and constant, worse during activities, after activities, morning, during the day, night and upon waking. Symptoms aggravated with repetitive use, pushing, pulling, lifting, reaching overhead, prolonged sitting, prolonged standing, walking, bending, squatting, and climbing stairs. Symptoms improved with use of heat, elevation, no activities, and medications. Physical exam revealed patient with antalgic gait, walked with a cane. The cervical spine is tender at C5-6 bilaterally, and lumbar spine is tender bilateral at L5-S1 with limited flexion. Diagnoses include right thumbs CMC joint subluxation with chronic ulnar collateral ligament tear at the distal attachment, cervical strain with reversal of the cervical lordosis on radiograph, lumbar sprain with left lower extremity radiculopathy, DJD and DDD. The patient is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times weekly for 4 weeks to lower back: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain which has been treated with medications, acupuncture, physical therapy and home exercise programs, yet he continue to have ongoing significant pain. The patient is considered permanent and Stationary per QME report dated 03/25/2014. There is no history of chiropractic treatments available for the patient. However the request for 8 chiropractic treatments, without evidences of objective functional improvement, exceeded the guidelines recommendation of 6 visits over 2 weeks. Therefore, it is not medically necessary.