

Case Number:	CM14-0116982		
Date Assigned:	09/16/2014	Date of Injury:	03/21/2013
Decision Date:	10/15/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/25/2014

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 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 29-year-old male patient with chronic low back pain; date of injury is 03/21/2013. Previous treatments include chiropractic and physiotherapy. Progress report dated 07/16/2014 by the treating doctor revealed the patient with complain of constant lumbosacral pain with radiation into the right and left buttocks and posterior thigh region, pain is made worse by flexion at the waist, torso rotation, prolonged sitting/standing/walking/lifting/carrying/pushing/pulling and prolonged static position at rest. There is also coughing and sneezing pain, 6-7/10. Exam findings noted painful and restricted lumbar ROM, positive orthopedic findings, muscle weakness noted in the left LE (L4) +4/5, hypoesthesia in the left L5 dermatome level on pinwheel examination, lumbosacral paraspinal muscle hypertonicity, lumbar ROM: flexion 35/60, extension 12/25, left lateral flexion 18/25, right lateral flexion 15/25, SLR 65 degrees on the right and 60 on the left. Diagnoses include lumbosacral sp/st, myalgia, lumbar radiculitis, L4-5 disc protrusion, lumbar subluxation, subluxation of the sacrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for The Lumbar Spine-8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient presents with chronic lower back pain of more than 1 year ago. Reviewed of the available medical records show he recently been authorized for 12 chiropractic visits and his last treatment was on 04/18/2014. He was released due to refusing to perform therapeutic exercise. Base on the guidelines cited above, the patient recently had chiropractic treatments without evidences of objective functional improvement; therefore, additional 8 chiropractic treatments are not medically necessary.