

Case Number:	CM14-0145749		
Date Assigned:	09/12/2014	Date of Injury:	12/07/2011
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/08/2014

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 51 year old female patient with chronic low back pain; date of injury is 12/07/2011. Previous treatments include medications, physical therapy, chiropractic, aquatic therapy, acupuncture, lumbar epidural injections, trigger point injections, TENS-EMS unit for home use, and home exercises. Progress report dated 07/28/2014 by the treating doctor revealed patient with low back pain 6/10, associated with weakness, numbness and giving way, the pain radiates to legs and ankles. Lumbar spine exam revealed tenderness to palpation over the paravertebral region bilaterally (left greater than right), and spinous process, positive seated SLR bilaterally, trigger points noticeable in the lumbar paraspinal muscles bilaterally, manual muscle testing revealed 4/5 with flexion, extension, and bilateral lateral bend, ROM restricted due to pain, decreased sensation to the L4-5 and L5-S1 dermatomes, 4/5 strength at the right hip. Diagnoses include lumbar disc protrusion, lumbar stenosis and status post lumbar epidural steroid injections. Medications, home exercise, physical therapy and chiropractic treatments were requested. The patient can return to work with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Chiropractic visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 154, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 127.

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

Decision rationale: The patient presents with chronic low back pain that had not been resolved after multiple physical therapy, acupuncture, chiropractic treatments and epidural injections. The patient has reached MMI status per the treating doctor report dated 06/05/2014. However, she remained symptomatic and continues to receive ongoing care with no evidence of objective functional improvements. Therefore, the request for additional eight Chiropractic visits is not medically necessary and appropriate.