

Case Number:	CM14-0148021		
Date Assigned:	09/18/2014	Date of Injury:	07/27/2005
Decision Date:	10/16/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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 58 year old female patient with chronic left knee, neck and low back pain, date of injury is 07/27/2005. Previous treatments include medications, chiropractic and physiotherapy. Progress report dated 07/28/2014 by the treating doctor revealed patient followed up with her cervical, lumbar spine, as well as her left knee, pain level of 6/10, constant and radiates into her right upper extremity, numbness and tingling in the bilateral lower extremity, right greater than left. Examination of the cervical spine revealed tenderness over the trapezius muscles bilaterally, full active range of motion (ROM). Examination of the lumbar spine revealed tenderness to palpation, limited ROM: flexion 70 degrees with pain, extension full, bilateral rotation limited with pain, bilateral sitting straight leg raising (SLR) positive. Exam of the left knee revealed tenderness to palpation, crepitus noted with motion; muscle strength was 4/5. Diagnoses include multilevel disc bulges at the lumbar spine, multilevel degenerative disc disease (DDD) at the lumbar spine, retrolisthesis at L4-5 and left knee sp/st. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Supports.

Decision rationale: The patient presents with chronic low back pain that has been treated with medications, chiropractic and physiotherapy. Review of the available medical records failed to support medical necessary for using lumbar brace as a treatment for this patient's low back conditions. Therefore, it is not medically necessary.

Chiropractic Treatment 2 Times A Week for 6 Weeks to The Cervical Spine and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter

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

Decision rationale: Reviewed of the available medical records showed this patient has had 36 chiropractic visits to date. There were 6 chiropractic visits completed in 03/31/2014 and another 6 visits completed in 05/05/2014. However, the chiropractic treatments failed to achieve long-term functional improvement, the patient continued have ongoing neck and low back pain, she continue to be on temporary totally disabled and require prescription pain medications. The request for 12 chiropractic treatments for the neck and low back also exceeded the guideline recommendation and therefore, not medically necessary.