

Case Number:	CM14-0161606		
Date Assigned:	10/07/2014	Date of Injury:	09/04/2012
Decision Date:	11/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/02/2014

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 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 56 year old male with chronic low back pain, date of injury is 09/04/2012. Previous treatments include L4-5 decompression surgery, L5-S1 foraminotomy surgery, medications, chiropractic, and physical therapy. Progress report dated 09/07/2014 by the treating doctor revealed patient with low back pain, 5/10, constant and intermittent lower extremity pain, left lower extremity numbness to sole of foot and right posterior calf. Objective findings include 5/5 lower extremities strength, sensation decreased on left sole. Diagnoses include status post bilateral L4-5 decompression and left L5-S1 foraminotomy. The patient returned to modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic therapy sessions for the lumbar spine: Upheld

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

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

Decision rationale: The claimant presents with ongoing low back pain that has failed to response to conservative treatments include medications, chiropractic and physical therapy. The

claimant continue to have pain and required bilateral L4-5 decompression and left L5-S1 foraminotomy done on 11/17/2013. There is no previous chiropractic treatment records available for review, but it is obviously that the claimant had failed to improve. Based on the guideline cited, the request for 6 chiropractic sessions is not medically necessary.