

Case Number:	CM14-0161999		
Date Assigned:	10/07/2014	Date of Injury:	02/27/2011
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
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 32 year old male with chronic low back pain, date of injury is 02/27/2011. Previous treatments include medications, chiropractic, physical therapy, home exercises and acupuncture. Progress report dated 07/31/2014 by the treating doctor revealed patient with ongoing low back pain, he continues to do well on Ultracet, there is no significant change in objective findings. Progress report dated 07/03/2014 by the treating doctor revealed the patient's back pain has been worse, 6-7/10 without medication, 4-5/10 with medications, pain radiating down his right leg. Objective findings noted patient sit with an analgetic lean to the left, he is unable to sit up straight during the exam, positive seated SLR on the right, numbness to the outside of the right foot and pain in the buttocks and posterior lateral thigh, difficulty with heel walk. Diagnoses include low back pain, right hip pain, numbness and tingling ulnar nerve distribution in both hands. The patient work part time as a mechanic out of his home.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACT MANJ 1-2 REGIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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

Decision rationale: The claimant presents with ongoing low back pain despite prior treatments with medications, acupuncture, physical therapy and chiropractic. The available medical records showed he recently completed 6 chiropractic visits. The progress reports, however, did not document any functional deficits in this patient, he is working out of his home as a mechanic. There is no document of a concurrent therapeutic exercise program for the patient. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic Treatment for the Lumbar Spine is not medically necessary.