

Case Number:	CM14-0163037		
Date Assigned:	10/08/2014	Date of Injury:	10/21/2013
Decision Date:	11/07/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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 40 years old male with chronic low back pain, date of injury is 10/21/2013. Previous treatments include medications, chiropractic, acupuncture, epidural injections, physical therapy, and home exercise program. Progress report dated 08/28/2014 by the treating doctor revealed patient with constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking multiple blocks, pain is sharp and radiates into the lower extremities, the patient pain is unchanged, 6/10. Lumbar spine exam revealed palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, standing flexion and extension are guarded and restricted, tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomes patterns, ankle reflexes are asymmetric. Diagnosis is lumbago. The patient instructed to return to work full duty with no limitations or restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic treatments to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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 despite previous treatments that include medications, physical therapy, acupuncture, chiropractic and epidural injections. The available medical records noted the claimant has completed 24 chiropractic visits in 2014. However, there is no evidence of objective functional improvement. The claimant has exceeded the totaled number of chiropractic treatment recommended by MTUS guideline with no functional improvement. Therefore, the request for additional 8 chiropractic treatments for the lumbar is not medically necessary.