

Case Number:	CM14-0166157		
Date Assigned:	10/13/2014	Date of Injury:	02/03/2004
Decision Date:	11/13/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/08/2014

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 a licensed Doctor of 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 53 year old male with chronic neck and low back pain, date of injury is 02/03/2004. Previous treatments include medications, TENS, chiropractic, acupuncture, physical therapy, aquatic therapy, and home exercises. Initial evaluation dated 08/18/2014 by the treating doctor revealed patient complains of pain all over in the neck, low back, and groin radiating into the legs and arms, pain is always there and intermittent, it is sharp, stabbing, throbbing, aching, burning, shooting, numbness, and tingling, he gets numbness and tingling in his hands and arms as well as his legs, down to his toes. Physical examination revealed right inguinal pain with straight leg raise and Patrick's test, positive facet loading test bilaterally, decreased sensation to light touch in the right ankle and foot, weakness in the right leg diffusely, tenderness to palpation over the cervical paraspinal muscles, upper trapezius muscles, scapular border, lumbar paraspinal muscles, SI joint regions, right greater trochanteric bursa, and right inguinal groin area. Diagnoses include cervicalgia, status post hernia repair with ilioinguinal neuralgia, lumbar radiculopathy, anxiety, depression and medication-induced gastritis. The patient is currently not working, he is totally disabled on SSI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1xwk x 6wks cervical/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-59.

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

Decision rationale: The claimant presents with ongoing neck and low back pain despite ongoing treatment with medications, chiropractic, acupuncture and physical therapy. According to the available medical records, he has had multiple chiropractic treatments previously, with most current visits dates 06/05/2014, 06/10/2014, 06/19/2014, and 09/11/2014. Other chiropractic treatments records were not available for review. The claimant reported that chiropractic therapy helped, however, there is no document of functional improvements and ongoing, maintenance care is not recommended by MTUS guideline. Therefore, it is not medically necessary.