

Case Number:	CM13-0070788		
Date Assigned:	01/08/2014	Date of Injury:	09/23/2008
Decision Date:	09/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/26/2013

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 47 year old male patient with chronic low back pain, date of injury 9/23/2008. Previous treatments include chiropractic, transcutaneous electrical nerve stimulation (TENS) unit, lumbar corset and medications. The progress report dated 12/04/2013 by the treating doctor revealed patient had increased low back pain. He continues to use TENS unit socially at work to alleviate his lower back symptoms, and he continues to use the lumbar corset as well. A lumbar spine examination revealed paravertebral muscles tenderness and spasm, range of motion restricted, Straight leg raising test positive bilaterally, sensation reduced in bilateral L5 dermatomal distribution and motor strength is grossly intact. The patient's diagnoses include lumbar radiculopathy and anxiety reaction. The patient is temporary totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC TREATMENT 3 X WEEK FOR 4 WEEKS (12), BACK, BILATERAL LOWER EXTREMITIES.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 63.

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

Decision rationale: The available medical records showed this patient has completed a course of chiropractic treatments from 10/23/2013 to 12/04/2013. There are no treatment records available for review, no total number of visits documented and no evidences of objective functional improvement. Per progress report dated 12/04/2013, the patient actually had increased in low back pain and had to be on temporary total disability, whereas he was on modified work duties per progress report dated 10/23/2013. Based on the guidelines cited above, without objective functional improvements with previous chiropractic treatments, the request for an additional 12 chiropractic sessions for the low back and bilateral lower extremities is not medically necessary.