

Case Number:	CM14-0101035		
Date Assigned:	07/30/2014	Date of Injury:	02/22/2013
Decision Date:	09/26/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 55 year old male patient with chronic low back pain, date of injury is 2/22/2013. Previous treatments include medications, injections, and exercises. Progress report dated 06/10/2014 by the treating doctor revealed patient with chronic low back pain, 7-8/10 with medications, his back pain shoot down left leg and travel up to mid back. Lumbar epidural injection provided significant pain relief of 80% for 3 weeks, now the pain has returned. Physical examination revealed lumbar flexion limited to 30 degrees and return to neutral elicits pain across SI joints and lumbosacral spine, extension limited to 10 degrees beyond neutral, rotation limited to 15 degrees bilaterally, hypoesthesia over bilateral lateral calves and feet, right lower extremities DTR's -1 compare to 1+ on the left. Diagnoses include chronic pain syndrome, thoraci or lumbosacral neuritis or radiculitis, sacroiliits, spinal stenosis and degeneration of lumbar or lumbosacral disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient chiropractic treatments ten (10) sessions to the lumbar spine: Upheld

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

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

Decision rationale: Reviewed of the available medical records showed this patient with persistent recurrent low back pain, he has been treated with medications and injections. There is no active therapy or therepeutic exercise program that help facilitate progression and help patient return to productive acitivities. CA MTUS do recommend a trial of 6 chiropractic visits over 2 weeks for chronic low back pain, with evidence of objective functional improvements, totalled up to 18 visits over 6 to 8 weeks. Without evidences of objective functional improvements, the request for 10 visits exceeds the guidelines recommendation. Therefore, this request is not medically necessary.