

Case Number:	CM14-0140876		
Date Assigned:	09/10/2014	Date of Injury:	09/25/2009
Decision Date:	10/23/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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 37 year old male patient with chronic low back pain and left knee pain, date of injury is 09/25/2009. Previous lumbar treatments include back brace, medications, physical therapy, chiropractic, acupuncture. Secondary treating physician's initial report dated 07/30/2014 revealed patient complains of occasional moderate 6/10 sharp low back pain, occasional moderate 4/10 achy left shoulder pain and numbness, occasional severe 8/10 achy left knee pain and stiffness. Physical exam revealed decreased sensation globally in the left lower extremity, +3 tenderness to palpation of the lumbar paravertebral muscles, muscle spasm of the lumbar paravertebral muscles, lumbar ROM decreased and painful, sitting SLR causes pain bilaterally, Valsalva's cause pain. Diagnoses include lumbosacral sp/st, lumbar muscles spasm, r/o lumbar disc protrusion, r/o lumbar radiculitis versus radiculopathy, left shoulder sp/st, left shoulder tenosynovitis and status post surgery of left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x week x 6 weeks Lumbar: Upheld

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

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

Decision rationale: The patient present with ongoing low back pain that have not been improve with conservative treatments. While CA MTUS guidelines may recommend a trial of 6 chiropractic treatment over 2 weeks, with evidence of objective functional improvement, the request for chiropractic treatment 3x a week for 6 weeks for the lumbar exceeded the guideline recommendation. Therefore, it is not medically necessary.