

Case Number:	CM14-0141103		
Date Assigned:	09/10/2014	Date of Injury:	09/25/2009
Decision Date:	10/23/2014	UR Denial Date:	08/07/2014
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 Services 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, left knee and left shoulder pain, date of injury is 09/25/2009. Previous treatments for the lumbar include medications, physical therapy, home exercises, aquatic therapy, chiropractic, acupuncture. Progress report dated 07/23/2014 by the treating doctor revealed patient with intermittent moderate 5-6/10 sharp, stabbing low back pain radiating to left leg right buttock with pain and weakness, associated with prolonged sitting, standing and walking. Lumbar exam revealed decreased ROM and painful, tenderness to palpation of the lumbar paravertebral muscles and bilateral SI joints. Diagnoses include lumbar spinal strain, status post left knee ACL reconstruction, left shoulder pain and dysfunction, left shoulder impingement. The patient returned to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

12-18 Chiropractic Sessions to the Lumbar Spine, 2-3 x a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 78.

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

Decision rationale: The patient continues to experience ongoing low back pain despite previous treatment with medications, acupuncture, physical therapy, chiropractic and exercise. There is no evidence of objective functional improvement with previous chiropractic care, the patient continues to have ongoing low back pain with functional difficulty. The request for chiropractic treatment 2-3x a week for 6 weeks also exceeded the guideline recommendation. Therefore, it is not medically necessary.