

Case Number:	CM13-0002875		
Date Assigned:	12/27/2013	Date of Injury:	10/30/2012
Decision Date:	02/20/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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:

The patient is a 34-year-old male who reported an injury on 10/30/2012. The mechanism of injury was reported that the patient was lifting a pump from a rolling cart to place on a low shelf, developed back pain and felt his back pop. The patient was diagnosed with lumbago and lumbar disc protrusion. The patient continued to complain of low back pain. An MRI dated 04/10/2013 revealed desiccation of the T12-L1 intervertebral disc with an annular fissure and left lateral disc extrusion and mild arthritic changes in the facet joints at L5-S1. The clinical documentation dated 09/10/2013 indicates the patient was still complaining of headaches and pain in his mid back, low back, and right sided ribs. The patient reported that the pain was associated with weakness in his mid and low back. The patient stated he was continuing his chiropractic treatment as recommended. The patient reported he had received 10 sessions of chiropractic treatment, which provided him temporary relief. The patient reported that he does a home exercise program. Physical examination findings revealed range of motion with lumbar spine flexion was 50 degrees, extension 15 degrees, and right and left lateral bending was 15 degrees bilaterally. The physical therapy initial evaluation dated 01/03/2013 stated the patient was independent with activities of daily living (ADLs). The patient rated his worst pain at 4 and his best at 1. Objective findings revealed that movement loss in thoracic extension was minor, movement loss in lumbar flexion was minor, and movement loss in lumbar extension was major. The patient also had some mild decreased range of motion with the hips and with the lumbar, and core stabilization was poor on the right. The patient also had tenderness to palpation at the right quadratus lumborum and the left quadratus lumborum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS states that manual therapy and manipulations is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions, and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. The patient continued to complain of low back pain, mid back pain, and right sided rib pain. The patient stated he was participating in chiropractic treatment, had received 10 sessions of chiropractic treatment that had provided him temporary relief. However, no objective clinical documentation was submitted for review indicating the efficacy of his chiropractic treatment. Also, there was no indication as the total number of sessions the patient had participated in. Given the lack of documentation to support guideline criteria, the request is non-certified.

Physical Therapy 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Physical medicine