MAXIMUS Federal Services

Case Number:	CM13-0013591		
Date Assigned:	03/10/2014	Date of Injury:	10/29/2004
Decision Date:	07/02/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/19/2013

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 Board Certified 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:

This is a 60 year old male with a 10/29/04 date of injury after a trip and fall injuring his left forearm, right toe neck, and back. His diagnosis is Radiculopathy, degenerative disc disease, Lumbar disc herniation, and facet joint syndrome. The patient has had a multitude of treatments including 12 chiropractic sessions in 2008 for his back. On 7/30/13 the patient complained of chromic low back pain. Exam findings revealed tenderness over L4/5 and L5/Se with decreased range of motion of the L spine. Straight leg raise was positive on the left. The patient was offered another RFA but declined and stated he wanted conservative treatment. Of note, the patient was scheduled for a rotator cuff repair on 8/1/13. Of note, the patient claims his pain has gone from a 7/10 to a 9/10 and stated his pain had reduces by 30% and was able to walk. Treatment to date includes physical therapy x16, chiropractic treatment x12, medial branch block on10/29/13, RFGA to L4/5, L5/S1 in Feb. 2013. A UR decision dated 8/7/13 denied the request given there was no evidence of a low back flare up.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT X12 SESSIONS: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

Decision rationale: The MTUS Chronic Pain Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits are supported. In addition, elective/maintenance care is not medically necessary. ACOEM Guidelines states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. Of note is that most studies of manipulation have compared it with interventions other than therapeutic exercise, hence its value as compared with active, rather than passive, therapeutic options is unclear. Nonetheless, in the acute phases of injury manipulation may enhance patient mobilization. This patient has no findings of a low back exacerbation. In review of prior progress noted his pain was worse and exam findings were unchanged. Prior to the 7/30/13 progress note the patient claimed to have 9/10 pain despite, medications, and medial branch block which apparently provided him with significant relief. He is reluctant to undergo another RFA for unknown reasons. As there is no evidence of an acute back exacerbation, as well as no noted from his prior chiropractic treatment to assess benefit, the request as submitted was not medically necessary and appropriate.