

Case Number:	CM13-0014105		
Date Assigned:	12/27/2013	Date of Injury:	01/20/2013
Decision Date:	08/04/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/20/2013

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 Chiropractor 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 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:

The injured worker is a 65-year-old male who reported an injury after lifting a box of bananas on 01/20/2013. The clinical note dated 03/10/2014 indicated diagnoses of cervical spine sprain/strain, lumbar spine sprain/strain, and bilateral sacroiliac joint arthropathy status post laminectomy. The injured worker reported pain that radiated to the right lower extremity and to the right knee that was moderate in severity, frequent sharp burning and numbness. The injured worker also reported cervical spine pain. On the physical exam of the lumbar spine, the injured worker had a positive straight leg raise into the popliteal fossa and a positive sacroiliac joint stress test bilaterally. The lumbar spine range of motion revealed forward flexion of 38, extension of 14 with pain, right and left bend of 15. The cervical spine examination revealed tenderness to palpation of the upper trapezius and the cervical spine range of motion revealed flexion of 50, extension of 60, right and left rotation of 70, and right and left bend of 40. The injured worker reported joint pain, difficulty sleeping, and headaches. The injured worker's prior treatments included diagnostic imaging, surgeries, chiropractic therapy, physical therapy, acupuncture, and medication management. The injured worker's medication regimen included Norco, Prilosec, and Fexmed. The provider submitted a request for chiropractic 3 times a week for 12 weeks for the cervical and lumbar spine. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC, 3 TIMES A WEEK FOR 4 WEEKS, FOR THE CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The California MTUS guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. There is a lack of documentation indicating the injured worker's prior course of chiropractic therapy as well as efficacy of the prior therapy. In addition, the amount of chiropractic therapy sessions that have already been completed is not provided. Moreover, the provider did not indicate a rationale for the request. Therefore, the request for chiropractic for the cervical and lumbar spine is not medically necessary.