

Case Number:	CM13-0015734		
Date Assigned:	12/18/2013	Date of Injury:	01/23/2013
Decision Date:	02/28/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is licensed in Chiropractic and Acupuncture, 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 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 injured worker is a 53 year old male who reported Low back pain, hip pain and buttock pain from injury sustained on 1/23/13. Patient was on a roof top when he had a slip and fall, landed on his buttock. X-rays were unremarkable; Magnetic Resonance Imaging (MRI) dated March 28, 2013 revealed minimal degenerative changes in the Lumbar spine. Electromyography (EMG) / Nerve Conduction Velocity (NCV) dated 07/23/13 were unremarkable. Patient was diagnosed with Lumbar spine sprain/strain, hip sprain and contusion of buttock. Patient has been treated with extensive medication and Chiropractic treatment. Patient was seen for a total of 24 Chiropractic visits. Patient has temporary relief of symptoms however; there was lack of any long term symptomatic or functional relief with Chiropractic care. Patient continues to have pain and flare-ups. Per notes dated 10/24/13, patient continues to have pain "6/10, constant, sharp, radiating down bilateral lower extremity with numbness". Patient also reports decreased range of motion and positive tender to palpation of Lumbar spine paraspinals. Patient has failed previous chiropractic treatment as the patient reports no functional improvement. Patient continues to have remained on light duty with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) visits of Chiropractic Care: 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 and Manipulation Page(s): 58-59.

Decision rationale: Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59 "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". Patient had prior 24 chiropractic visits without symptomatic and functional improvement. Per notes dated 10/24/13, patient continues to have pain "6/10, constant, sharp, radiating down bilateral lower extremity with numbness". Patient also reports decreased range of motion and positive tender to palpation of Lumbar spine paraspinals. Patient has failed previous chiropractic treatment as the patient reports no functional improvement. Patient continues to have remained on light duty with restrictions. Per MTUS- Definition 9792.20 (f) "Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of evaluation and management visit billed under the OMFS; and a reduction in the dependency on continued medical treatment". Per review of evidence and guidelines, additional 12 Chiropractic visits are not medically necessary.