

Case Number:	CM13-0016314		
Date Assigned:	03/26/2014	Date of Injury:	08/25/1999
Decision Date:	04/30/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/26/2013

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 licensed in Chiropractic 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 patient is a 53-year-old male who reported an injury on 08/25/1999. The precise mechanism of injury was not provided. Prior treatments included chiropractic care. The documentation of 07/26, in the form of a request for authorization for 4 retrospective treatments for chiropractic care, indicated that the patient was requesting treatment on 07/17/2013 for an acute exacerbation of low back/pelvic/leg pain aggravated by position change. The patient had increased pain radiating into both lower legs. The physical examination on that date revealed that a right forward antalgia was observed. Minor's sign was noted on rising and on recovery from forward flexion. The patient had a halting, limping gait. The lumbar spine was limited by pain at 18 inches from the floor with legs flexed. The extension was severely restricted due to pain. The patient had muscle guarding with +4/4 exquisite tenderness to palpation in the primary area of complaint, which included the lower lumbar spine and pelvic extensor and was left greater than right. The patient had muscle guarding in the mid lower thoracic region and +2/4 and +3/4 tenderness. Shooting leg pain was provoked bilaterally by deep pressure into active trigger points in the hip extensors and abductors. The Yeoman's stress test increased the patient's spinal and pelvic pain. The straight leg raise and Bechterew's increased the patient's posterior leg pains bilaterally. The DTRs were +2 at the knees and symmetrically depressed at the ankles. The diagnoses were a severe flare up of L2-S1 disc bulges with spinal canal narrowing and moderate bilateral neural foraminal encroachment at the spinal levels, leg pain, chronic lumbosacral sprain/strain and chronic sacroiliac sprain/strain as well as chronic thoracolumbar sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) CHIROPRACTIC SESSIONS: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend manual therapy for chronic pain if it is caused by musculoskeletal conditions. Treatment for flare ups requires a need for re-evaluation of prior treatment success. The clinical documentation submitted for review failed to document objective functional improvement with prior treatments. The request as submitted failed to indicate the body part to be treated with chiropractic therapy. Given the above, the request for chiropractic therapy for 4 visits is not medically necessary