

Case Number:	CM13-0023030		
Date Assigned:	11/15/2013	Date of Injury:	11/24/2010
Decision Date:	02/26/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/11/2013

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 expert reviewer is a Licensed Chiropractor 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:

Patient in this case is a 26 year old obese female who sustained an injury to her neck, ankle and lower back after a slip and fall injury on 11/24/2010. She was treated by a physician and given medications. She was seen by an AME who verified the mechanism of injury to be consistent with the patient's chief complaints. Future care provisions were awarded to include orthopedic surgeon consultations, Physical therapy, conservative care modalities and several types of prescription medications to include a large amount of Tramadol which was not weaned off the patient as time passed. PTP (primary treating provider) requested and upon appeal received authorization for hot/cold therapy pad, motorized hot/cold therapy unit (pump), a lumbar support pad and 8 sessions of physical therapy. A TENS unit was also certified and provided to the patient. Chiropractic care was also rendered from 2010 to 2011. As for the lumbar spine, an MRI study was conducted and 3mm disc bulge was evidenced at L5/S1. The diagnosis rendered was Lumbago, lumbar sprain/strain and lumbar disc herniation at L5/S1. The chief complaint under consideration in this review is low back pain associated with severe lumbar muscle spasm pain level 8/10 to 9/10 with pain radiating bilaterally to the buttocks to both legs with limited ROM. An injection was provided to the left SI joint under fluoroscopic guidance which reduced pain by 50% at week 6 post injection. Patient also sought surgical intervention for weight loss purposes. A request for 10 weeks of chiropractic care (not specifying) was made by PTP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and manual Therapy Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manipulation and manual Therapy.

Decision rationale: The request is for 10 weeks of chiropractic therapy. Chiropractic notes are absent from the records. Number of visits along with pre and post chiropractic care measurements and testing information is not provided. Patient has seen two chiropractors according to the PQME (Primary qualified medical examiner) records provided, but no further information exists in the records. Per ACOEM/MTUS Guides chapter 12 pages 298-299 "Manipulation appears safe and effective in the first few weeks of back pain without radiculopathy." In this case patient's symptoms included radiation of pain is one of the chief complaints as evidenced by the lumbar disc bulge at L5/S1. Furthermore, Chronic Pain Medical Treatment Guidelines, section p.58 state that manipulation and manual therapy "is recommended as an option for a trial of 6 visits over 2 weeks with evidence of functional improvement, total of up to 18 visits over 6-8 weeks." In this case the requested amount of visits is not specified and the objective findings from the already obtained chiropractic care are not provided in the records. The number of weeks requested surpass the recommended weeks in the MTUS. For these reasons the 10 weeks of chiropractic care requested is found to not be medically necessary. Per The MTUS Definitions, 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 the evaluation and management visit...and a reduction in the dependency on continued medical treatment." Functional improvement findings are absent from the records.