

Case Number:	CM13-0024364		
Date Assigned:	12/11/2013	Date of Injury:	01/10/2010
Decision Date:	07/23/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 56 year old female with a work injury dated 1/10/10. The diagnoses include lumbar segmental dysfunction and sacroiliac dysfunction, lumbar radicular syndrome. Under consideration is a request for manipulation four to five visits over two weeks for the lumbar spine per RFA 8/14/13 Quantity 5.00. Per documentation a utilization review dated 4/9/13 approved 6 chiropractic visits after a 3/11/13 progress report indicated the patient had increased low back pain and physical exam revealed decreased lumbar range of motion with pain. Additionally documentation indicates that a 5/31/13 utilization review approved two chiropractic visits for the neck and low back after a 4/22/13 progress report indicated increased neck and low back pain after a fall with decreased lumbar and cervical ranges of motion and neck pain. The patient had a positive right shoulder depression test and foraminal compression test to the right. There is a progress report dated 8-14-13 from patient's chiropractor stating that the patient states that she canned peaches approximately one week ago and had to stand for a long period. This irritated the lumbar spine. VAS: 6/10, Rt. side with anterior leg pain to knee. The note states that she is unable to do her exercise or wash dishes due to the flare up of the lower back pain. On physical exam there is restricted painful dorsolumbar range of motion. Low back pain elicited upon Rt. Kemps test. The right sacroiliac extension is restricted. The treatment plan included 4-5 chiropractic treatments over a 1-2 week period.

IMR ISSUES, DECISIONS AND RATIONALES

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

MANIPULATION FOUR TO FIVE VISITS OVER TWO WEEKS FOR THE LUMBAR SPINE PER RFA 8-14-13 QUANTITY 5.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for manipulation four to five visits over two weeks for the lumbar spine per RFA 8/14/13 Quantity 5.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that there is a flare up of patient's symptoms. The MTUS guidelines state that for flare ups 1-2 visits of manual medicine/manipulation are recommended every 4-6 months. The request for manipulation four to five visits over two weeks for the lumbar spine per RFA 8/14/13 Quantity 5.00 exceeds this request and is not medically necessary.