

Case Number:	CM13-0025521		
Date Assigned:	03/14/2014	Date of Injury:	10/14/2004
Decision Date:	04/22/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/18/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 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 61 year old male with an injury date on 10/14/04. Based on the 08/23/13 PR-2 provided by [REDACTED], the patient's diagnosis include anatomical short right leg superimposed on chronic low back and leg pain, hypoesthesia/radiculopathy of the right foot, scapulothoracic myofascial pain syndrome of the thoracic region, probable intersegmental disrelationship of the cervical spine, recurrent cervicogenic headaches, chronic cervical sprain with myalgia and myositis, history of concussion and confusion secondary to the 10/14/04 brain injury, and s/p 11/04/09 lumbar decompression and fusion with recurrent lumbar spasm. [REDACTED] has a request for chiropractic care with physiotherapy to the lumbar spine QTY: 6.00. The utilization review determination being challenged is dated 08/30/13 and recommends denial of the chiropractic care. [REDACTED] is the requesting provider, and he provided treatment reports from 07/03/13- 02/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE WITH PHYSIOTHERAPY TO THE LUMBAR SPINE QTY:6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY AND TREATMENTS Page(s): 58,59.

Decision rationale: Based on the 08/23/13 PR-2 by [REDACTED], the patient presents with "an exacerbation of his low back pain at 8/10 with radiation to his left leg to the dorsum foot, with flexion right lateral antalgia and right paralumbar muscle guarding." The request is for 6 sessions of chiropractic care with physiotherapy to the lumbar spine. According to the 07/03/13 progress report, the patient returned from 4 sessions of chiro with what he believed to be a 40% improvement. The treater indicates, "There is less mid back and neck pain with recurrent spasm." The chiro has also helped reduce the prior left arm pain, tingling and numbness of his left arm. According to the 08/14/13 progress report, the patient was re-examined following six chiro sessions to reduce the increased neck pain with ROM loss and left arm radiculopathy. The treater notes, "He was released without the left arm radiculopathy and he has improved cervical range of motion." Review of the progress reports indicate that the patient does have functional improvement with chiro treatment but thus far, has had 16 sessions recently. MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvement can be documented. With return to work, and for flare-up's, 1-2 sessions are allowed every 4 months. In this case, the requested 6 sessions exceed what is allowed per guidelines. The patient already has had 16 sessions and additional 6 sessions would exceed what is allowed. Recommendation is for denial.