

Case Number:	CM13-0029289		
Date Assigned:	03/19/2014	Date of Injury:	08/16/1999
Decision Date:	08/08/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/25/2013

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 Occupational Medicine 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 46-year-old male who has submitted a claim for cervical intervertebral disc disorder, lumbar intervertebral disc displacement without myelopathy, and sciatica associated with an industrial injury date of August 16, 1999. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain. The low back pain was graded 8/10 in severity. The pain radiates down his legs, with characterized numbness and tingling, right greater than the left. The pain down his legs occur especially when he bends over. He also reports weakness below the knee but denies any falling episodes. He also has problems with sleeping. Physical examination showed loss of motion in the cervical spine. There was tenderness along the cervical and lumbar paraspinal muscles bilaterally. There was also pain with facet loading bilaterally. There was limited range of motion of the lumbar area. Kemp's test was positive bilaterally. Motor and sensation was intact. MRI of the lumbar spine, dated July 21, 2008, revealed degenerative disc disease, annular disc bulge, and right posterolateral disc herniation possibly impinging upon the right L5 nerve root. Official report of the imaging study was not made available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, acupuncture, and chiropractic therapy. Utilization review, dated September 18, 2013, denied the request for chiropractic therapy because the patient had six visits, which would be in excess of the guidelines for recurrence or flare-up on the chronic phase of treatment. An appeal letter, dated September 27, 2013, stated that the patient had an acute flare up from a chronic condition for which chiropractic treatment was needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state there should be evidence of objective functional improvement with previous treatment and a total of up to 18 visits is supported. In this case, the patient completed 12 sessions of chiropractic therapy. Although the primary physician mentioned in his appeal to the utilization review denial that benefits and functional improvement were obtained after chiropractic treatment, objective evidence such as a decrease in pain score, improvement in functionality with activities of daily living, and decrease in medication use were not documented. Furthermore, the present request failed to specify the body part to be treated as well as the frequency of sessions. Therefore, the request is not medically necessary.