

Case Number:	CM13-0037489		
Date Assigned:	12/13/2013	Date of Injury:	03/22/2005
Decision Date:	03/10/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractics, has a subspecialty in Chiropractic Sports 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 injured worker is a 39 year old female who reported low back pain and left ankle pain when she slipped and fell on a wet waxed flooring on 3/22/2005. She also injured her left knee, hip and heel. X-rays revealed a left heel fracture and a low back fracture. She was given a moon boot and a back brace. Three months post accident the left knee, heel and ankle symptoms resolved. Initially the injured worker received conservative care consisting of acupuncture, physical therapy and medications. MRI of 1/19/2012 confirmed the fractures at L5-S1 and subsequently underwent a decompression and posterior lumbar interbody fusion and a posterolateral fusion at L5-S1 on 12/12/2012. TTD and medications while waiting for AME. MRI on 1/22/2013 of the lumbar spine revealed: The post fusion status could not determine the positioning of the transpedicular screws due to artifacts. On 3/13/2013 the medical doctor reported an exacerbation of the low back with left sciatica as well as left ankle pain and loss of motion. Six chiropractic treatments were approved and now the medical doctor is requesting four more chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/Deep Tissue Myofascial treatment: 4 Sessions (Lumbar Spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: According to the MTUS Chronic Pain Medical treatment guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal of effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks. After the initial 6 visits of chiropractic manipulation there has not been documented objective measurable gains in functional improvement as required by the MTUS guidelines. Therefore more chiropractic visits are not authorized.