

Case Number:	CM13-0038096		
Date Assigned:	12/18/2013	Date of Injury:	07/09/2013
Decision Date:	03/12/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/25/2013

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 physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The claimant is a 24 year old male presenting with groin and back pain following a work related injury on 7/09/2013. The claimant describes central lower back pain with occasional radiation of pain to the right posterior thigh accompanied by parathesia and mild weak sensation. The pain is aggravated by lifting, bending, squatting. The pain is relieved with rest. The physical exam was significant for 2+ tenderness to palpation, hypertonicity paraspinous musculature, discomfort with slight forward flexion and extension. The claimant was diagnosed with right inguinal hernia, sprains and strains of sacroiliac region, lumbosacral joint, left groin strain. The claimant's medications included Naproxen and tramadol. The medical records on 9/17/2013 noted that the claimant had chiropractor therapy for three weeks without sustained benefit. A claim was made for chiropractor therapy for the lumbar spine x 9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy for the Lumbar Spine x9: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per CA MTUS Chiropractor therapy is considered manual therapy. This therapy is recommended for chronic pain caused by musculoskeletal conditions. Manual therapy as well as the use in the treatment of muscular skeletal pain. The intended goal or effect of manual medicine 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 is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. For low back pain manual therapy is recommended as an option. Therapeutic care requires a trial of six visit over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective maintenance care is not medically necessary. For recurrences/flareups the need to reevaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months. A request for chiropractor therapy for the lumbar spine x 9 does not meet Ca MTUS guidelines. The claimant failed to benefit from the initial three weeks. Additional chiropractor therapy is therefore not medically necessary.