

Case Number:	CM13-0040859		
Date Assigned:	12/20/2013	Date of Injury:	05/15/2012
Decision Date:	04/10/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Chiropractic, 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 36 year old male who was injured on 05/05/2012 while he lifted a pot of potatoes with his left hand and developed low back pain. Prior treatment history has included physical therapy and chiropractic care. Medications included Ultracet bid prn pain. Diagnostic studies reviewed include MRI of the lumbar spine dated 09/18/2012 documenting bilateral foraminal narrowing (left greater than right) from disc bulge and posterior facet hypertrophy. First report of occupational injury, by [REDACTED], stated first exam was 06/05/2012. PR-2 progress report by [REDACTED], dated 08/20/2012, documented that the patient had essentially unchanged symptoms of persistent midline and left sided low back pain and stiffness. Temporarily post treatment his symptoms reduce slightly but quickly return. PR-2 progress report by [REDACTED], dated 07/06/2012, documented the patient is still the same. PR-2 progress report by [REDACTED], dated 08/28/2013, documented the patient states he is the same. PR-2 progress report by [REDACTED], dated 09/25/2012, documented the patient states he is the same. Discussion: Physical therapy did not prove to be much benefit but he more recently found some chiropractic to be of value. PR-2 progress report by [REDACTED], dated 11/20/2012, documented the patient is somewhat better. He states the pain he has had in his back is less and attributes this to chiropractic treatment sessions that he has been attending. Continue with chiropractic care for another 6 weeks. PR-2 progress report by [REDACTED], dated 04/01/2013, documented treatment 6 visits of chiropractic per PTP [REDACTED]. PR-2 progress report by [REDACTED], dated 04/16/2013, documented the patient continues to have chronic back pain. He was encouraged despite his pain to continue stretch, perform gait light exercise and persist with his work. Initial orthopedic consultation report by [REDACTED] dated 07/31/2013 documented the patient with complaints of low back pain. The patient describes the pain at 4/10 on a constant basis. It was noted on 12/12/2012 [REDACTED]

██████ released the patient to return to full duty work capacity. Progress note dated 05/15/2013 documented the patient with complaints of pain rated at present of 6. The pain frequency is constant. Progress note dated 09/11/2013 documented the patient with complaints of pain rated at present a 5. It was noted that prior chiropractic treatments alleviated the pain; physical therapy 6 months ago only mild relief. Current work status: Full time, full duty. PR-2 progress report dated 09/19/2013 documented the patient to have no response to recent course of PT to the lumbar spine. Objective findings on exam included lumbar spine tender, spasm, and decreased range of motion. Treatment Plan: Short course D/C (1x6). RX: Ultracet prn pain, #60. PR-2 progress report dated 12/18/2013 documented the patient with complaints of no response to recent course of PT to the lumbar spine. Objective findings on exam included lumbar spine tender, spasm, and decreased range of motion. Treatment Plan: Short course D/C (1x6). Work Status: Not disabled from work and may return immediately.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 CHIROPRACTIC TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK CHAPTER Page(s): 298-299.

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

Decision rationale: According to the MTUS guidelines, chiropractic care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. Additionally, the guidelines indicate that "if chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." This employee has attended previous chiropractic care (23 treatments); there is insufficient evidence that the previous treatment resulted in any functional improvement. Therefore, the request for additional 6 sessions of chiropractic treatment for the lumbar spine is non-certified.