

Case Number:	CM13-0041781		
Date Assigned:	12/20/2013	Date of Injury:	06/27/2002
Decision Date:	10/10/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/30/2013

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 licensed in Chiropractic Services, National Board of Chiropractic Examiners (NCBE) 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 50 year old male with a date of injury 6/27/2002. According to a PR2 dated 7/9/2013, the patient's complaints were: Occasional, slight low back pain, numbness and pain in both feet and caused by extended weight bearing, reports improvement with therapy over past month. Objective findings were: restricted lumbar range of motion, pain at end range, trigger points in QL and [iliocostalis], pain to touch at [T1] and [S1] junction with edema, antalgic gait, positive Kemp's and Nachlas' tests bilaterally and functional capacity increased to permanent and stationary level. The patient's diagnoses are lumbar neuritis, intersegmental dysfunction and lumbosacral pain. Noted in the treatment plan was that the patient has responded well to treatment and that the patient's condition is now chronic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic sessions for the lumbar spine: Upheld

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

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

Decision rationale: The request for 6 sessions of chiropractic was previously modified and recommended 4 treatments. The two visits remaining of the 6 requested are considered not medically necessary at this time. California DWC 2009 MTUS Chronic Pain Guidelines do not support additional treatments for a flare-up. The previous request exceeded guidelines recommendation for flare-ups and 4 sessions should have sufficed to bring the patient to P&S level and transition back into a home exercise program. California DWC 2009 MTUS Chronic Pain Guidelines state; Manual therapy & manipulation; Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal 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. The claimant has a date of injury of 6/27/2002 and has been deemed permanent and stationary. According to the PR2's dated 7/9/2013 and 9/25/2013, there is lacking information of functional objective improvement to support further treatment.