MAXIMUS Federal Services

Case Number:	CM13-0043998		
Date Assigned:	12/27/2013	Date of Injury:	01/02/2013
Decision Date:	03/06/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/31/2013

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 Family Practice 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 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 patient is a 51-year-old male who reported an injury on 01/01/2013. The mechanism of injury was lifting. The patient reported feeling a pop in his lower back that was associated with lower back pain. The patient has a prior history of a herniated disc at L4-5 and L5-S1, and this has remained a chronic condition. A recent lumbar MRI performed on 02/05/2013 revealed mild disc desiccation from L3 to S1 and a 2 to 3 mm broad based protrusion at L5-S1. The most recent range of motion values were obtained on 05/22/2013 and recorded lumbar flexion to be finger tips to the patella, and extension 25% of normal; both movements exacerbated right lateral thigh and calf pain. There was no presence of spasm in the lumbar area, tenderness to the midline area only, and a positive supine straight leg raise at 80 degrees. A discussion of distribution of pain was not provided. At this time, motor strength was 5/5 and reflexes were intact throughout. The patient is not yet determined to be permanent and stationary, and does not wish to proceed with epidural injections or surgery at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 12 additional chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Guidelines recommend up to 18 visits of chiropractic for lower back if evidence of objective functional improvement is provided. Guidelines state that time to produce effect is between 4 and 6 treatments, maintenance care is not necessary, and recurrences or flare ups should be treated with 1 to 2 visits every 4 to 6 months. The clinical information provided for review included 6 chiropractic notes from 08/28/2013 to 09/12/2013. Unfortunately, the chiropractic notes submitted for review did not provide any objective evidence of functional improvement. There was mention of a decreased tenderness and swelling to the right leg and lower lumbar spine; however, no range of motion values were provided, no pain levels as scored on a visual analog scale were provided, and there was no discussion regarding muscle strength or reflex changes. There was, however, discussion regarding the patient's size. It was noted that his lower back would remain unstable, and in all likelihood, would require further care, due to the patient's very large size. The clinical note that was subsequent to the completion of his chiropractic care was dated 11/06/2013. It reported the patient's lumbar range of motion to be moderately restricted in all planes with pain; however, this range of motion was not quantified. Although the patient has subjective reports of improvement with chiropractic care, the guidelines specifically state that treatment will be extended based on objective functional improvement. As objective functional improvement was not provided within the medical records, the medical necessity of this request cannot be determined at this time. As such, the request for 12 additional chiropractic sessions is non-certified.