

Case Number:	CM13-0045886		
Date Assigned:	12/27/2013	Date of Injury:	08/19/2008
Decision Date:	02/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 a Chiropractor and Acupuncturist 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 50 year old female who reported Low Back pain from injury sustained on 8/19/2008. Patient was doing her regular and customary duties of moving toaster ovens from one shelf to another when she developed pain in her low back radiating down the left leg. MRI dated March 22, 2010 and Nov 3, 2010 revealed multilevel disc protrusion. Patient was diagnosed with Lumbosacral strain, Left Sacroiliac joint dysfunction and Lumbar radiculopathy. Patient was treated with Medication, physical therapy, Acupuncture and Chiropractic. Patient was seen for a total of 12 visits. The patient has been taking extensive medications including Norco, Prilosec, Tramadol, Aleve and Naprosyn. Per notes dated 10/21/13 patient had an "Acute flare-up, pain 3-8/10, no tenderness to palpation, no paravertebral muscle guarding or muscle spasm". Per notes "heel walking reproduced pain in knees, full squat caused pain in knee". Per appeal dated 11/6/13, Chiropractic treatment in 2011 "decreased pain from 9/10-3/10, increased range of motion". There is lack of documentation from previous Chiropractic treatments on symptomatic and functional improvements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic three (3) times four (4) lumbar: Upheld

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

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

Decision rationale: MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59 "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 objectively measureable gain and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low Back: Recommended as an option. Therapeutic care- trial of 6 visits 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. Per notes dated 10/21/13 patient had an "Acute flare-up, Pain 3-8/10, no tenderness to palpation, no paravertebral muscle guarding or muscle spasm". Per notes "heel walking reproduced pain in knees, full squat caused pain in knee". Per appeal dated 11/6/13, Chiropractic treatment in 2011 "decreased pain from 9/10-3/10, increased Range of motion". Per guidelines "Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months". Per guideline "Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". There is lack of documentation supporting any functional improvement with prior chiropractic care. Per guidelines and review of evidence 3 X 4 Chiropractic treatments are not medically necessary.