

Case Number:	CM13-0046426		
Date Assigned:	01/10/2014	Date of Injury:	02/19/2002
Decision Date:	08/08/2014	UR Denial Date:	11/01/2013
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 Board Certified in Chiropractic and Acupuncture and is licensed to practice in Texas. 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 61-year-old male who reported an injury on 02/19/2002. The mechanism of injury was not provided in the medical records. His diagnoses include lumbosacral sprain/strain and lumbosacral neuritis/radiculitis. His previous treatments included medications and chiropractic therapy. Per the clinical note dated 09/13/2013 the injured worker reported he had a flare up of his lower back and bilateral leg pain with tingling in his feet. On physical examination the physician reported there was limited lumbar flexion at 60 degrees/9 degrees and extension 10 degrees/30 degrees with pain. The physician also reported palpable tenderness of the L4, L5, and his bilateral calves. The injured worker's straight leg raise bilaterally was 75 degrees with pain into buttocks. The physician's treatment plan included a request for 4 visits of chiropractic manipulation 1 time a week for 4 weeks to include myofascial release and conservative mobilization. On the most recent clinical note dated 10/25/2013 the injured worker continued to have complaints of low back pain extending down the back of his left leg behind his knee and tingling of his feet. Objective findings were unchanged from previous visit. The current request is for 4 chiropractic manipulation sessions. The rationale was for conservative mobilization. The Request for Authorization was provided on 09/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 CHIROPRACTIC-MANIPULATION SESSIONS: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate that manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. The intended goal of effective manual medicine is achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productivity activities. The MTUS Guidelines state that recurrence/flare ups need to be re-evaluated by treatment success, if return to work was achieved then 1 to 2 visits every 4 to 6 months. The clinical documentation indicated the injured worker had been treated with previous chiropractic manipulation and additional treatments since 2012. However, sufficient evidence of objective functional gains made was not provided. The patient was reported to have multiple flare ups of low back pain. The 09/13/2013 examination noted a flare up of symptoms and in the clinical note dated 10/25/2013 the exam findings and subjective complaints had not changed since the previous visit. Therefore, additional chiropractic treatments would not be medically necessary at this time. As such, the request is not medically necessary and appropriate.