

Case Number:	CM13-0050055		
Date Assigned:	04/09/2014	Date of Injury:	10/02/1998
Decision Date:	05/09/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/08/2013

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 Chiropractor 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 63-year-old female who reported an injury on 10/02/1998. The documentation of 10/14/2013 revealed that the injured worker had a moderate to severe exacerbation of pain and symptoms in the low back. The injured worker had symptoms increased in the low back with radiating pain down to both buttocks, down the legs and into the feet. The injured worker indicated that she had been treated with Lyrica by her private physician. It was indicated that the injured worker desired a reduction of pain and symptom levels with chiropractic treatment. Objective findings revealed that the injured worker had a head tilt to the left, shoulder high on the left and ilium high on the right. The rhomberg testing had positive responses bilaterally. The heel-toe walk showed positive responses bilaterally. The biceps, triceps and extensor "dig" had positive responses bilaterally. The patellae had positive responses bilaterally, and the shoulder depression test had positive responses bilaterally. The LasA`gue's and Faber's tests were positive bilaterally. The single leg raise was positive bilaterally as was the double leg raise. The injured worker had decreased range of motion. The treatment was manipulation to the L4, L5 and the SI joint. The treatment included myofascial release to the complete spinal region. It was indicated that the treatment plan was 8 visits of chiropractic therapy and a referral to a neurosurgeon. The diagnosis was displacement of thoracic or lumbar intervertebral disc without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC WITH PHYSICAL THERAPY X 6 VISITS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY; PHYSICAL MEDICINE Page(s): 58, 59, 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommends manual therapy and manipulation for chronic pain if it is caused by musculoskeletal conditions. Treatment for flare ups requires a need for re-evaluation of prior treatment success. Additionally, it indicates that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The injured worker was noted to be injured in 1998 was treated with physical therapy and chiropractic treatments as per the injured worker the request was for chiropractic treatment. There was a lack of documentation indicating the injured worker's objective response to the prior treatments. Given the above, the request for chiropractic with physical therapy times 6 visits to the lumbar spine is not medically necessary.