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| Case Number: | CM13-0050065 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 04/17/2008 |
| Decision Date: | 05/16/2014 | UR Denial Date: | 11/06/2013 |
| 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 in Chiropractic Medicine 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 patient is a 52-year-old female who reported an injury on 04/17/2008. The mechanism of injury was not provided in the medical records. She is diagnosed with lumbar spondylosis without myelopathy, lumbar disc degeneration, sciatica, lumbago, and exacerbation of lumbar strain/sprain. Her symptoms include low back and right lower extremity pain. Physical examination findings include mild guarding of the lower back with motion, continued but diminished tenderness about the lumbosacral region, and continued limitation in range of motion of the thoracolumbar spine with flexion to approximately 60% of normal. Her treatment plan was noted to include chiropractic treatment 2 times a month for 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE 2 MONTHS FOR 12 VISITS FOR THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-59.

Decision rationale: According to the California MTUS Guidelines, manual therapy and manipulation may be recommended for patients with chronic pain caused by musculoskeletal

conditions. The Guidelines specify that the treatment must be used as an adjunct to more active therapeutic exercises in order to promote functional recovery. In the treatment of the low back, the Guidelines indicate that an initial trial of 6 visits over 2 weeks may be supported. Further visits may be warranted with documented evidence of objective functional improvement up to a total of 18 visits over 6 to 8 weeks. The clinical information submitted for review indicates that the patient has significant low back pain with radiation into her right lower extremity as well as objective functional deficits in the form of decreased range of motion. However, the clinical information submitted for review failed to indicate whether the patient had previously been treated with chiropractic treatment and if so whether she was able to obtain objective functional gains with that treatment. In addition, as the Guidelines require an initial trial of 6 visits, the request for chiropractic care twice a month for 12 visits is not supported. For the reasons noted above, the request for Chiropractic Care 2 Months for 12 visits for the Low Back is non-certified.