

Case Number:	CM13-0051140		
Date Assigned:	12/27/2013	Date of Injury:	07/05/2013
Decision Date:	02/28/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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 licensed in Chiropractic and Acupuncture 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 39 year old male who reported Low Back pain due to injury sustained at work on 07/2/2013. The patient states that on the day of injury, he was delivering a server to the courthouse. He had to unload 220 pound unit without any assistance. Patient felt a pull in his back. Patient was diagnosed with Lumbar spine sprain. MRI of the Lumbar spine and bilateral hips was done on 09/12/13 with finding of bilateral hips unremarkable, L4-L5 2-3mm posterior disc bulge, L5-S1 4-5 mm posterior disc bulge resulting in moderate bilateral neural foraminal narrowing. NCV/SEP of bilateral lower extremities suggested S1 radiculopathy. Patient received extensive medication including Cyclobenzaprine, Tramadol, Pantoprazole sodium Dr, Capsaicin, Flurbiprofen, Methsalicylate, Lipoderm base. Physical examination dated 9/2013 revealed the patient had tenderness to palpation, spasms, decreased ROM, and decreased sensation to the left leg. Patient has not had Chiropractic care. He still remains symptomatic and out of work due to being terminated in July.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy two (2) times a week for four (4) weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 58-59.

Decision rationale: Per Occupational medicine practice guidelines Chapter 12 Page 298-299 "Manipulation appears safe and effective in the first few weeks of back pain without radiculopathy". "If manipulation does not bring improvement in 3-4 weeks, it should be stopped and patient should be evaluated". "Trial of manipulation for patients may also be an option. Per the MTUS- Chronic Pain Medical Treatment Guidelines Manual therapy & Manipulation, page (s) 58-60. "Treatment parameters from state guidelines. A) Time to produce effect 4-6 treatments. B) Frequency: 1-2 X/week the first 2 weeks. C) Maximum duration: 8weeks. Care beyond 8 weeks may be indicated for certain chronic pain patient in whom manipulation is helpful in improving function, decreasing pain and improving quality of life". According to the guidelines If Chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement with the first 6 treatments. According to the study on page 59 of MTUS guidelines for Low Back: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of 18 visits over 6-8 weeks". This is an initial course Chiropractic treatment; additional visits may be requested if the patient shows functional improvement. Based on the review of evidence and MTUS guidelines chiropractic therapy for 2 times per week for 4 weeks is not medically necessary.