

Case Number:	CM13-0052179		
Date Assigned:	12/27/2013	Date of Injury:	03/26/2012
Decision Date:	05/21/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/15/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

This is a 56 year old man who sustained a work-related injury on March 26, 2012. Subsequently he developed chronic back pain. The patient was treated with physical therapy and acupuncture as well as pain medications including Norco and Flexeril. According to a note dated on September 5, 2013, his pain was 7-8/10. His pain was radiating to his right leg and knees. He was reported to have bilateral wrist and hand numbness. Flexeril improve the spasms and temazepam improved his sleep. His physical examination demonstrated tenderness in the cervical spine, tenderness in the lumbar spine with spasm and the reduced range of motion. The provider requested authorization for chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT TWO TIMES A WEEK FOR FOUR WEEKS TO LUMBAR SPINE: Upheld

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

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

Decision rationale: 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 objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. 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 -not medically necessary. Recurrences/flare-ups-Need to reevaluate. Based on the above, a trial of 6 visits of manual therapy is recommended for 2 weeks. More manual therapy visits could be recommended if objective evidence of functional improvement. Therefore, the request for Chiropractic treatment two times a week for four weeks to lumbar spine is not medically necessary.