

Case Number:	CM13-0052759		
Date Assigned:	12/30/2013	Date of Injury:	05/26/2012
Decision Date:	04/30/2014	UR Denial Date:	11/08/2013
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 licensed in 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 patient is a 24-year-old male who reported an injury on 05/26/2012. The mechanism of injury was noted to be a fall. He was diagnosed with lumbosacral sprain/strain. His symptoms include lumbar spine pain with radiation to the bilateral lower extremities, as well as associated numbness and weakness. His physical examination findings on 05/07/2013 included diffused palpable tenderness throughout the lumbosacral spine, no evidence of paravertebral muscle rigidity or spasm, and negative straight leg raising bilaterally. It was noted that range of motion testing was not performed due to the patient's complaints of pain. His sensation, reflexes, and motor strength in the bilateral lower extremities was noted to be normal. The patient's previous treatments were noted to include NSAIDS, pain medication, physical therapy, and chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT ADDITIONAL CHIROPRACTIC TREATMENTS FOR THE LUMBAR SPINE, TWICE PER WEEK FOR THREE WEEKS, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS Guidelines manual therapy and manipulation may be recommended as an adjunct to therapeutic exercises in order to promote functional gains in patients with chronic pain caused by musculoskeletal conditions. In the treatment of lower back, the guidelines indicate that treatment may be recommended up to 18 visits following an initial trial of 6 visits with documented evidence of objective functional improvement. The clinical information submitted for review indicated that the patient had been treated previously with chiropractic treatment. However, it is unclear how many visits the patient had previously completed and whether any objective functional gains were made with that treatment. In addition, the patient's physical examination on 05/07/2013 failed to include any documented evidence of measurable objective functional deficits and a more recent physical examination was not provided. Therefore, in the absence of measurable objective functional deficits which may benefit from manual therapy and as the details of the patient's previous chiropractic treatment were not provided, the request is not supported. As such, the request for eight additional chiropractic treatments for the lumbar spine, twice per week for three weeks, as an outpatient is not medically necessary and appropriate.