

Case Number:	CM13-0054122		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2010
Decision Date:	03/18/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractor, 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 physician 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 44-year-old male who on 09/15/2010 suffered cumulative trauma to his lumbar spine and bilateral knees. He attributed his injuries to his repetitive work duties. On 12/23/2013 the patient was released to work with no restrictions. Prior treatment history includes that on 06/2011, he underwent lumbar spine surgery and treated with postoperative therapy and completed three months. There is documentation of previous chiropractic therapy. Diagnostic studies performed reveal an MRI (magnetic resonance imaging) of the lumbar spine revealing herniated discs. Clinic note dated 09/18/2013 from [REDACTED] documented the patient to have complaints of frequent moderate to severe pain that was described as sharp pins and needles. The pain was aggravated by bending and sit ups. Occasional minimal pain described by patient as aching in bilateral knees. Objective findings on exam included in the lumbar area +4 spasm and tenderness to the bilateral lumbar paraspinal muscles from L2 to S1 and multifidus. Kemp's test was positive bilaterally. Yeoman's was positive bilaterally. The patient was pending authorization due to flare up of his pain. Request for authorization dated 09/18/2013 from [REDACTED] requests chiropractic manipulative therapy. The clinic note dated 12/23/2013 indicates that the patient has continued to work and feels his pain is not changing over time and was released to work without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 3 times a wk for 2 wks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60..

Decision rationale: As per the CA MTUS guidelines, chiropractic care is recommended for achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patients' therapeutic exercise program and return to productive activities. The patient was treated with conservative care including physical therapy and chiropractic treatment and was released to work without restrictions. It is unclear why the provider requested additional 6 sessions of chiropractic treatment when he was placed at MMI in 2012. There is no documentation regarding previous chiropractic treatment resulted in any functional improvement. Additionally, as per the guidelines, the frequency should be 1 to 2 times per week the first 2 weeks as indicated by the severity of the condition and then 1 treatment per week for the next 6 weeks. The request is for 3 times a week for 2 weeks which exceeds the guidelines recommendation. Therefore, the request is non-certified.