

Case Number:	CM13-0058507		
Date Assigned:	12/30/2013	Date of Injury:	08/10/2011
Decision Date:	05/07/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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 Chiropractor and is licensed to practice in Washington DC and 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 injured worker is a 53-year-old female who reported an injury on 08/10/2011. The mechanism of injury was not provided in the medical records. The injured worker was noted to have a spastic episode from low back to hip. The bursa was noted to be improved since the injection. Total improvement was at least 20% with improved bowel control as well. Bladder control was still off and numbness to the crotch was noted. Physical examination revealed reflexes to be normal and 2+ symmetrically of knees and Achilles. The injured worker was diagnosed with lumbago. Past medical treatment included physical therapy, chiropractic therapy, acupuncture, and medications. The request for authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 additional sessions of chiropractic treatment for the lumbar spine, left hip, and sacrum, 1-2 per week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic/ Hip & Pelvis, Manipulation.

Decision rationale: According to California MTUS Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Official Disability Guidelines further state if manipulation has not resulted in functional improvement in the first 1 or 2 weeks, it should be stopped and the patient should be re-evaluated. For patients with chronic low back pain, manipulation may be safe and outcomes may be good, but the studies are not quite as convincing. California MTUS Guidelines do not address the number of chiropractic therapy sessions for the low back. The ODG Chiropractic Guidelines for the low back are recommended up to 6 visits over 2 weeks. Manipulation of the hip is recommended at 1 to 5 times per week as indicated by the severity of the involvement and the desired affect; optimum duration 3 to 6 treatments with a maximum duration of 10 treatments. The most recent clinical note provided indicated the injured worker had 6 sessions of chiropractic therapy. However, in the absence of details regarding previous chiropractic therapy, such as measurable objective functional gains made throughout those sessions, the request for additional chiropractic therapy is not supported. Additionally, as the request for 18 additional sessions of chiropractic treatment exceeds the guidelines of the recommended 10, the request is not supported. Given the above, the request for 18 additional sessions of chiropractic treatment for the lumbar spine, left hip, and sacrum, 1 to 2 per week is non-certified.