

Case Number:	CM13-0060809		
Date Assigned:	12/30/2013	Date of Injury:	05/02/2007
Decision Date:	08/27/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 56 year old male with a work injury dated 5/2/07. The diagnoses include lumbar facet syndrome; lumbar radiculopathy, lumbar degenerative disc disease. Under consideration is a request for additional chiropractic care times twelve for the lumbar spine denied by the physician advisor. There is a primary treating physician report dated 5/29/13 that states that the patient's pain level has increased since last visit. The quality of his sleep is poor. He denies any new injury since last visit. His activity level has decreased. The patient is taking his medications as prescribed. He states that medications are working well. Patient presents on time for 8 week follow up visit. Patient notes that he has a flare up at work. Patient notes that his pain is very well controlled by H-wave unit and medications. The patient is on Flector Patch and Lidoderm Patch. On exam there is decreased lumbar range of motion. On palpation, paravertebral muscles, tenderness is noted all both the sides. Heel and toe walk are normal. Lumbar facet loading is positive on the right side. Straight leg raising lest is positive on the right side in sitting at 60 degrees. All lower extremity reflexes are equal and symmetric. Motor strength of Extensor Hallucis Longus is 5-/5 on right. The rest of the muscles tested a 5/5. On sensory examination, light touch is decreased over calf and bottom of right foot on the right side; sensation to pin prick is decreased over calf and bottom of foot on the right side. On examination of deep tendon reflexes, knee jerk is 2/4 on both sides and ankle jerk is 2/4 on both sides. Hoffman's sign is negative. Straight leg raising test is positive on right side. There is a document dated 7/24/13 that states that the patient has completed chiropractic treatments and feels that it is helpful to decrease pain. The document states to consider further treatment if needed for flare up.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC CARE TIMES TWELVE FOR THE LUMBAR SPINE DENIED BY PHYSICIAN ADVISOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation , page(s) 58,59 Page(s): 58-59.

Decision rationale: Additional chiropractic care times twelve for the lumbar spine denied by the physician advisor is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had chiropractic care in the past, however it is unclear of when this treatment was and the outcome. Furthermore the request for 12 visits exceeds the initial trial period or treatment for flare-ups as recommended by the MTUS. The request for additional chiropractic care times twelve for the lumbar spine denied by the physician advisor is not medically necessary.