

Case Number:	CM13-0061106		
Date Assigned:	12/30/2013	Date of Injury:	04/23/2012
Decision Date:	05/28/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/04/2013

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 a licensed 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 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 male born on [REDACTED] with an industrial injury on 04/23/2012. The patient presented for initial chiropractic examination on 04/09/2013 with complaints of 4-5/10 thoracic pain, 4-5/10 lumbar pain, and 5-6/10 left thigh pain. A physical examination was performed on 04/09/2013 with ranges of motion noted as: right rotation 40/80° with pain, left rotation 60/80° with pain, right lateral bending 30/30° with pain, left lateral bending 30/30° with pain, extension 30/30° with pain, and flexion 60/90° with pain; lower extremity DTRs +2 bilaterally; decreased sensation in left lower extremity; left iliopsoas muscle strength 5/5 with pain, left foot inversion and eversion muscle strength 4/5 with pain; and diagnoses reported as thoracolumbar radiculitis and hip contusion. On 04/09/2013, a treatment plan of Chiro twice a week for 6 weeks to include CMT and numerous modalities was recommended. The patient presented for chiropractic re-examination on 04/25/2013, the patient's 6th visit, with 5-6/10 lumbar pain. A physical examination was performed on 04/25/2013 with lumbar spine ROM reportedly improved yet without degrees noted and pain unchanged; lower extremity DTRs +2 bilaterally, decreased sensation in left lower extremity; left foot inversion and eversion muscle strength 4/5 with pain; and diagnoses reported as unspecified thoracic or lumbosacral spine radiculitis/neuritis and hip contusion. On 04/25/2013, the patient was to continue Chiro treatment. The patient presented for chiropractic re-examination on 06/06/2013, his 12th visit, with 4-5/10 lumbar pain and objective factors essentially unchanged from those reported on 04/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MANIPULATION FOR THE LUMBAR SPINE PROVIDED ON 6/6/13: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines supports up to 6 visits during a 2-week trial of manual therapy and manipulation, with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. In this case, there is no evidence of measured objective functional improvement with chiropractic care rendered during the 2-week treatment trial from 04/09/2013 through 04/23/2013, and there is no evidence of an acute flare-up or new condition. Therefore, the request for additional chiropractic treatment sessions beyond the 2 week treatment trial exceeds guidelines recommendations. The retrospective request for chiropractic manipulation for the lumbar spine provided on 6/6/13 is not medically necessary and appropriate.