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| Case Number: | CM13-0066464 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 12/04/2007 |
| Decision Date: | 05/26/2014 | UR Denial Date: | 12/05/2013 |
| Priority: | Standard | Application Received: | 12/16/2013 |

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 Chiropractic, 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 64 year old male who was injured on 12/04/2007. The mechanism of injury is unknown. Prior treatment history has included trigger points impedance imaging, #6, dated 12/09/2013, providing 60% pain relief. The patient had eight session soft physical therapy. The patient is able to stand longer, bend longer, and walk further without significant pain. Follow-up pain management consultation dated 10/23/2013 documented the patient with complaints of neck pain. The patient recently followed up with his treating physician, who is recommending acupuncture treatments and is currently awaiting authorization. He remains on his current oral analgesic medications which has been beneficial. He is reluctant to take any opiate based medication. Objective findings on exam of the lumbar spine reveal posterior lumbar musculature tenderness to palpation bilaterally, with increased muscle rigidity. There were numerous trigger points palpable and tender throughout the lumbar paraspinal muscles. There was noted guarding with range of motion. Lumbar spine range of motion was decreased. Deep tendon reflexes 2+ bilaterally, patella 2+ bilaterally and Achilles tendon 1+ right and 2+ left. Lower extremity motor testing was 5/5 bilaterally. Sensory exam is decreased in the posterolateral thigh and posterolateral calf more so on the right when compared to the left. Straight leg raising in the modified sitting position is positive at 65 degrees on the right. Assessment: Lumbar spine sprain/strain syndrome and Right lower extremity radiculitis PR-2 dated 10/18/2013 documents the patient still has stiffness and spasm findings on lumbar spine subluxations. The patient has not had chiropractic treatment to remove the subluxations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment twice a week for three weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION MANUAL THERAPY & MANIPULATION Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION MANUAL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation, pages 58-59, the guidelines support additional Chiropractic care of chronic conditions if there is a well-up or flare-up which causes a loss of specific functional capacity. Chiropractic care is also supported if said treatment to date has restored specific functional loss. The guidelines recommend an initial trial of 6 visits over a 2 week period with evidence of objective functional improvement with a total of up to 18 visits over 6-8 weeks. In this case, Chiropractic treatments have been utilized (sixteen months prior to the physician's PR2 report dated 10/18/2013), with no documentation or statement in the record as to what prior functional impairment or loss was restored by said treatment. The guidelines also indicate there must be a reasonable expectation of some restoration of functional capacity. There is no statement in the records as to specific measurable goals to achieve or that functional capacity will/can be restored by continued/additional Chiropractic treatment, of two visits per week for three weeks, therefore request is non-certified.