

Case Number:	CM13-0067348		
Date Assigned:	01/17/2014	Date of Injury:	09/15/2012
Decision Date:	04/15/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/06/2013

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 46 year old male who was injured on 09/15/2012 while bending over at work repairing the seats and pulled the lower hip of left side and lower back. Prior treatment history has included work conditioning, exercise, TENS. PR2 dated 10/30/2013 documented the patient to have complaints of chronic mild to slight left sided low back and hip pain, 2-3/10 radiating down left leg. Objective findings on exam revealed palpable spinous and paraspinal edema and inflammation, intersegment dysfunction and positional relationships in lumbar and hip region. The treatment plan recommended for this patient was 4 chiropractic visits 1 time a week over a period of 4 weeks. Specific chiropractic manipulation lumbar and hip region with soft tissue therapy, myofascial release and adjunctive physical therapy modalities included but not limited to clinical and home use of electrical muscle stimulation, GEMS TENS, work condition, ultra sound, manual and mechanical traction. PR2 dated 12/03/2012 documented the patient to have complaints of chronic slight left sided low back and hip pain, 3-4/10 radiating down left leg. Objective findings are the same as note dated 06/17/2013 and 10/30/2013. PR2 dated 09/17/2012 documented the patient's pain range as 5-10/10. PR2 dated 11/28/2012 indicated a request for authorization for more visits of chiropractic care as it has helped the patient in reducing pain, muscle tension, and inflammation. PR2 dated 10/30/2013 indicated the patient's last treatment date noted no significant changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lumbar spine and left leg 1X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation, page(s) 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. A series of Chiropractic treatments has been utilized in this case (10). There is no documentation or statement in the record as to what prior functional impairment or loss was restored by said treatment. The guidelines also state there must be a reasonable expectation of some restoration of functional capacity. There is no statement in the records as to what functional capacity will/can be restored by continued/additional Chiropractic treatment, in fact the record reflects no change in functional capacity " PR2 dated 12/03/2012 documented the patient to have complaints of chronic slight left sided low back and hip pain, 3-4/10 radiating down left leg. Objective findings are the same as note dated 06/17/2013 and 10/30/2013," therefore, continued (1x Wk x 4 wks) Chiropractic treatment is non-certified.