MAXIMUS Federal Services

Case Number:	CM14-0002470		
Date Assigned:	01/24/2014	Date of Injury:	08/28/2013
Decision Date:	06/06/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/07/2014

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 licensed in Chiropractic and is licensed to practice in Arizona and Missouri. 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 49-year-old female who experienced an industrial injury 08/28/2013 when she slipped on a wet floor with her left leg in front of her and the right leg behind her, subsequently falling to the ground. On 09/27/2013, the patient underwent medical evaluation and there was a request for chiropractic treatment including therapeutic exercises and modalities at a frequency of two times per week for four weeks. The claimant underwent lower extremity electrodiagnostic studies on 10/07/2013 with essentially normal findings. During orthopedic evaluation on 10/22/2013 she reported 9/10 back pain, numbness, tingling and radiation of pain down left leg to the foot, and reported she had been treating with chiropractic care at a frequency of two times per week. Lumbar spine MRI of 11/01/2013 revealed degenerative disc disease, facet arthropathy, anterolisthesis L4-L5, and neural canal narrowing at L3-L4 and L4-L5. She presented for orthopedic follow-up on 11/19/2013, noting she had been treating with chiropractic care; examination revealed decreased lumbar spine range of motion; decreased sensation left L4, L5, and S1; and 4-/5 motor strength of left tibialis anterior, EHL, inversion, eversion, and plantar flexors. The 11/19/2013 diagnoses were noted as multilevel lumbar disc herniations, lumbar facet arthropathy, and thoracic sprain/strain. There was a request for additional chiropractic treatment for the back at a frequency of 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 CHIROPRACTIC SESSIONS FOR THE LUMBAR SPINE, 2X4: Upheld

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

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

Decision rationale: MTUS supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic pain if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. 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. The patient had reportedly treated with chiropractic care on 8 occasions, yet there was no documentation providing evidence of functional improvement with care rendered. In this case, there is no evidence of measured objective functional improvement with chiropractic care rendered, there is no evidence of a recurrence/flare-up, and MTUS does not support maintenance care; therefore, the request for additional chiropractic treatment is not supported to be medically necessary.