

Case Number:	CM14-0005149		
Date Assigned:	02/10/2014	Date of Injury:	08/16/2012
Decision Date:	08/12/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/14/2014

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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 56-year-old with a reported date of injury on August 16, 2012. The injury reportedly occurred when the injured worker was mopping and stepped on a hanger and slipped and fell. Her diagnoses were noted to include cervical sprain with radicular symptoms, right knee internal derangement, right shoulder sprain, lumbosacral sprain with radicular symptoms, and headaches. Her previous treatments were noted to include medications, Toradol injection, physical therapy, and chiropractic care. The progress note dated November 14, 2013 revealed the injured worker complained of ongoing low back, right knee, right shoulder, head, and neck pain. The injured worker had been taking Ultracet and Relafen to alleviate her pain, which she rated as 8/10 on a pain scale, and has pain radiating down her right leg. The physical examination of the thoracolumbar spine noted tenderness to the paraspinals and the right thoracic paraspinal. The range of motion to the lumbar spine was noted to be flexion was to 20 degrees, extension was to 5 degrees, right/left lateral bending was to 15 degrees, right rotation was to 20 degrees, and left rotation was to 15 degrees. The examination of the lumbar spine noted a negative straight leg raise. The neurological examination noted ankle jerk symmetrical and detailed sensory examination of the lower extremities noted L1-S1 was normal. The motor examination of the lower extremities was rated 4/5 to the right dorsiflexion and extensor hallucis longus. The progress note dated December 3, 2013 revealed the injured worker complained of ongoing low back pain. She had been receiving chiropractic therapy and stated that it helped to reduce her pain improve movement. She continued to do home exercises, yet her pain persists. The physical examination of the thoracolumbar spine noted positive paraspinals and tender right thoracic paraspinal. The range of motion was noted to be to the lumbar spine was flexion was to 30 degrees, extension was to 10 degrees, right/left lateral bending was to 15 degrees, and right/left rotation was to 20 degrees. The Request for Authorization form dated December 3,

2013 was for additional chiropractic care for the injured worker's lumbar spine, 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional lumbar chiropractic therapy, twice weekly for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: The injured worker has received previous chiropractic care with some objective measurable gains in regards to range of motion. The Chronic Pain Medical Treatment Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend for the low back, a therapeutic trial of six visits over two weeks, and with evidence of objective functional improvement, a total of up to eighteen visits over six to eight weeks. There is objective measurable gains in regards to range of motion; however, there is a lack of documentation regarding decrease of pain medication. The injured worker did not give a pain scale rating. Additionally, there is not a recent, adequate, complete assessment performed that was submitted within the medical records. Therefore, the request for additional lumbar chiropractic therapy, twice weekly for three weeks, is not medically necessary or appropriate.