

Case Number:	CM14-0007128		
Date Assigned:	02/07/2014	Date of Injury:	08/27/2010
Decision Date:	06/23/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/18/2014

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 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 43-year-old female. She experienced a work-related injury on 08/27/2010 when she was the first to respond to a patient having a seizure, and she injured her low back when she pulled the patient from her stomach to her side. On 05/18/2011, the patient underwent a right lumbar L5-S1 transforaminal injection. The supplemental report of 05/23/2013 notes that both physical therapy and acupuncture had been approved and the patient had started with treatment. Per an exam on 05/23/2013, for lumbar spine flexion, the patient touches her toes and extension is restricted to 10° due to pain; motor, sensory, and gait were normal. The diagnoses were noted as lumbar spine sprain/strain and lumbar radiculitis. The patient has treated with acupuncture, and treated with physical therapy (PT) on seven (7) occasions from 05/22/2013 through 06/05/2013. The medical note of 11/18/2013, reports that the patient was waiting for a referral to acupuncture, chiropractic care, and physical therapy. The medical note of 12/17/2013, reported that the patient presented with persistent low back pain and requested chiropractic treatment, no measured subjective or objective data was reported, and right sacroiliac (SI) joint injection was performed. The medical note of 02/11/2014, indicates that the patient was treated for lumbar spine discomfort, she was to follow-up in one month, continue to exercise, and apparently, chiropractic had been approved. No chiropractic documentation was provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) CHIROPRACTIC TREATMENT SESSIONS FOR THE LUMBAR SPINE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, 58

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, 58-59

Decision rationale: The chiropractor did not submit documentation of patient history, comparative measured subjective or objective clinical data, treatment plans with measurable treatment goals, or clinical chart note records. The Chronic Pain Guidelines support a six (6) visit trial of manual therapy and manipulation over two (2) weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the six (6) visit treatment trial, a total of up to eighteen (18) visits over six to eight (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 one to two (1-2) visits every four to six (4-6) months. The MTUS does not support medical necessity for ten (10) chiropractic treatment sessions.