

Case Number:	CM14-0100680		
Date Assigned:	07/30/2014	Date of Injury:	08/03/2009
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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 a licensed Chiropractor 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:

Records submitted for review indicate the injured worker is a 56 year-old male who experienced a work related low back injury on 8-3-09. The mechanism of injury was not listed. The most recent clinical documentation dated April 15, 2014 indicates the patient continues with complaints of low back and left lower extremity pain. The record notes findings including: alert and oriented times three; tenderness to palpation along left buttocks region; lumbar flexion 90 degrees; lumbar extension 10 degrees; lower extremity muscle strength 5/5. MRI findings from 4-9-14 described include: L3-4 disc bulge with grade 2 central stenosis and lateral stenosis; L4-5 disc bulge with moderate left lateral recess stenosis with impingement of the left L4 nerve root. Diagnostic impression includes: lumbar disc pathology L4/5 and L5/S1; lumbar radiculitis; lumbar myofascial pain. The records indicate the injured worker has received treatment over the course of care including: epidural injections 9-30-10, 11-1-10, 4-23-12; facet injections 6-28-12, 3-13-13; and 8 visits of chiropractic therapy certified in July/2013 with the last one being completed December/2013. A January 06, 2014 evaluation notes recommendation for a lumbar discogram and L4-5 epidural. This record also indicates consideration of possible stem cell clinical trial participation for ultimately an artificial disc replacement. The patient is described as having returned to narcotic pain medications as of January of 2014. A June 06, 2014 non-certification of sixteen additional chiropractic sessions is noted. On June 25, 2014 an Application for Independent Medical Review was submitted for reconsideration of the request for chiropractic treatment twice a week for eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor therapy 2 x 8 visit for the lumbar spine: Upheld

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

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

Decision rationale: Manual therapy and manipulation is recommended 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. There is no specific record of objectively measured functional improvement with prior chiropractic treatment. The request exceeds MTUS Guideline recommendations. As such, medical necessity of the request for chiropractic therapy 2x per wk x8wks is not supported with the application of MTUS Guidelines. The request is not medically necessary.