

Case Number:	CM14-0103692		
Date Assigned:	07/30/2014	Date of Injury:	11/02/2011
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 injured worker is a 25-year-old female with a reported date of injury on November 02, 2011. The mechanism of injury is described as stocking merchandise and while lifting something she suddenly felt severe low back pain. The most recent progress note dated 02/26/2014, indicates the injury to the low back but no historical information or report of measured objective factors are noted. On 03/04/2014, the patient reported pain primarily in the lower back radiating to her posterior thigh on the right side, which the medical provider noted indicates L5-S1 nerve root involvement. The patient was working full-duty. By examination on 03/04/2014, deep tendon reflexes were bilaterally symmetrical patellar 1+, motor exam was normal for bulk and tone with no abnormal movements and strength 4/5 in right leg and 5/5 left leg, right L5, S1 sensation diminished for pain and temperature otherwise grossly negative; low back flexion to 80 with pain and extension 10 with pain, bilateral facet loading test positive, and straight leg raise positive on the right and negative on the left side. The injured worker was diagnosed with lumbar degenerative disc disease, bulging lumbar disc, lumbar facet arthropathy, and sciatica. The medical provider recommended a lumbar epidural steroid injection, which was performed on 04/10/2014. On 05/21/2014, the patient informed her medical provider she had significant benefit with previous chiropractic care for her injury, and the physician requested authorization for eight additional visits of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chirotherapy x 8 sessions for bilateral back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The request for 8 chiropractic treatment visits for the lumbar spine is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic pain complaints 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 treated with previous chiropractic care, yet number of treatments and response to such were not reported for this review. No chiropractic clinical documentation was provided for review. There is no documentation of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrence/flare-up, and selective/maintenance care is not supported; therefore, the request for eight chiropractic treatment visits exceeds MTUS recommendations and is not supported to be medically necessary.