MAXIMUS Federal Services

Case Number:	CM14-0106675		
Date Assigned:	07/30/2014	Date of Injury:	02/22/2014
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 Pain Medicine 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:

This is a 21-year-old male patient who reportedly sustained an industrial injury on 02/22/14 when he fell on a greasy floor. It was reported he attempted to catch himself with his right elbow and fell onto his back with the majority of the impact. Records indicate the patient has been previously approved for 20 sessions of chiropractic therapy. He has had no physical therapy. A request for additional chiropractic therapy 2 x 4 to the lumbar spine was non-certified at utilization review on 07/02/14 with the reviewing physician noting that it appeared much of the care provided and chiropractic therapy is the same as well would be provided in physical therapy. There is no clear objective functional improvement documented or rationale as to why a home exercise program would not be some patient for further gains. The most recent chiropractic note provided for review is a templated form with boxes checked indicating subjective complaints of lumbar pain rated at 4/10 in severity, dull and achy. Objective findings no tenderness to palpation at the lumbar spine as well as decreased range of motion (not quantified). Treatment rendered included acupuncture, infrared, and massage. On progress note 05/07/14 the patient reported continued improvement to the low back pain. He only notices a dull pain when he turns in bed and when he flexes. Symptoms were rated at 3/10 (yet patient reports 80% improvement). Objective findings revealed lumbar muscle tension bilaterally; otherwise normal examination. Ultrasound, hot packs, electrical stimulation, and spinal manipulation were performed. The patient was instructed in low back exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x 4, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: The California MTUS guidelines state Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. The patient has an injury from 02/2014 and has previously completed 20 sessions of chiropractic treatment, which exceeds guideline recommendations. There is no reference to performance of an aggressive self-directed home exercise program or rationale provided indicating why the patient is unable to transition into a home program given there are minimal deficits remaining and the patient has been instructed in a home exercise program. Physical examination findings are not such that the patient would require additional supervised therapy. Additional chiropractic treatment is not recommended over performance of an aggressive independent home exercise program in this case for continued maintenance. The request for additional chiropractic therapy 2 x 4 for the lumbar spine is not medically necessary and is not medically necessary.