

Case Number:	CM14-0107884		
Date Assigned:	08/01/2014	Date of Injury:	06/19/2014
Decision Date:	09/22/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 licensed 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:

According to the available medical records, this is a 60 year old female patient with low back pain, date of injury 05/19/2014. Previous treatments include medications, chiropractic and physiotherapy. There is no chiropractic treatment progress report available. However, primary treating doctor report dated 06/06/2014 revealed patient with constant dull lumbosacral pain, sharp at times with radiations into the right posterior thigh, the pain is made worse by flexion at the waist, torso rotation, lifting/carrying, pushing/pulling (greater than 5 lbs), prolonged sitting/standing/walking, climbing up/down stairs and prolonged static positions of rest. Exam revealed patient unable to perform Heel and Toe walk, lumbar ROM: flexion 15/60, extension 0/25, left lateral flexion 10/25, right lateral flexion 0/25, all active ROM produced pain in the lumbosacral region, patient presents with a left flexed antalgic position, Lasegue test is positive on the right at 30 degrees, Braggard's test is positive on the right, Fabere's/Ely's/Kemps test positive bilaterally, Valsalva's test is positive and Minor's sign was present. Muscle weakness, 4/5, was found on right quadriceps, right extensor hallucis longus and right ankle plantar flexors, paraspinal muscle pain, tenderness and moderately spasms. The patient is off work until 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve chiropractic visits for the lumbar.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 58, 298-299, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Manipulation for the Lower Back Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. 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. Recurrences/flares-up - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines. Time to produce effect: 4 to 6 treatments. Frequency: 1 to 2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life Page(s): 58-59.

Decision rationale: Reviewed of the available medical records showed that after completed 6 chiropractic treatments, the patient pain level decreased and medications is no longer needed. Based on the guidelines cited above, functional improvements is noted with initial chiropractic trial, the request for 12 chiropractic treatment is within the guidelines recommendation to help the patient return to productive activities and is medically necessary.