

Case Number:	CM14-0110987		
Date Assigned:	08/01/2014	Date of Injury:	05/09/2014
Decision Date:	09/03/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/16/2014

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, has a subspecialty in Acupuncture 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 41 year old male who reported low back pain from injury sustained on 05/09/14 while lifting a box of produce (35lbs). MRI of the lumbar spine revealed grade 1 spondylolisthesis at L5-S1 with unilateral pars defect on the left; spinal canal stenosis at L5-S1 and marked bilateral foraminal stenosis. Patient is diagnosed with lumbar sprain/strain and sciatica. Patient has been treated with medication and chiropractic. Per medical notes dated 06/02/14, patient complains of right sided low back pain rated at 8-9/10. Pain radiates to right inguinal region. Patient also presents with right posterior leg pain that extends to the level of the knee. Pain is rated at 5-6/10. Examination revealed tenderness to palpation and decreased range of motion. Per medical notes dated 07/02/14, patient states that with chiropractic care is improving. Patient is able to walk with normal gait but still has pain to walk long distances. Per medical notes dated 07/17/14, patient admits to "min" improvement and states chiropractic is helping. Patient reported symptomatic improvement with the trial of but there is lack of functional improvement. There is no assessment in the provided medical records of functional efficacy with prior chiropractic visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) additional chiropractic visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Per Occupation medicine practice guidelines chapter 12 page 298, manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. If manipulation does not bring improvement in 3-4 weeks, it should be stopped and patient should be evaluated. For patients with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been proved per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59. 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 objectively measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Therapeutic care of a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Treatment parameters from state guidelines are: A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 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. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function. Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, additional 8 chiropractic visits are not medically necessary.