

Case Number:	CM14-0112253		
Date Assigned:	08/11/2014	Date of Injury:	11/09/2001
Decision Date:	09/16/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/17/2014

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 is licensed to practice in Nevada. 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 records, presented for review, indicate that this 67-year-old individual was reportedly injured on 11/9/2001. The mechanism of injury was not listed. The most recent progress note, dated 5/27/2014, indicated that there were ongoing complaints of chronic low back pain that radiated in the bilateral lower extremities. The physical examination demonstrated lumbar spine positive tenderness to palpation of the lumbar paraspinals. Range of motion was not tested. Surgical incision was healing well. Lower extremity sensation was intact bilaterally. There was significant pain with lumbar extension, and motor exam was 4+/5 bilateral lower extremities. Diagnostic imaging studies included a CT scan of the lumbar spine, dated 3/18/2014, which revealed L4-S1 posterior decompression and anterior and posterior fusion without evidence of complication, L3-L4 degenerative disc disease, L2-L3 moderate central canal stenosis, L3-L4 moderate bilateral foraminal stenosis, and L3 compression fracture. X-rays of the lumbar spine, taken on 4/8/2014, revealed postoperative hardware intact. Previous treatment included lumbar fusion, medications, and conservative treatment. A request had been made for chiropractic treatment of the lumbar spine #12 visits and was not certified in the pre-authorization process on 7/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lumbar spine, QTY: 12 sessions: 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 58-59 OF 127.

Decision rationale: CA MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. After review of the available medical records, there is no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. In addition, 12 visits request exceeds the number of visits allowed by treatment guidelines without documentation of improvement in function or decrease in pain. Please note the injured worker is also status post lumbar fusion, and it is questionable whether the treating surgeon has authorized manipulation. As such, this request is not considered medically necessary.