

Case Number:	CM14-0116586		
Date Assigned:	08/04/2014	Date of Injury:	04/04/2005
Decision Date:	09/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 36 year old male patient with chronic low back pain, date of injury 04/04/2005. Previous treatments include chiropractic, medications, L5-S1 discectomy, facetectomy, pedicle screw fixation, post-op rehabilitation, physical therapy, TENS and home stretch. According to the most recent progress report dated 06/18/2014, the patient presented with 8/10 lower back pain, he has been having pain in bilateral feet/heel for months. He denied any legs pain or other areas of pain in his feet. The pain is most significant with standing and when pressure is applied. Continues to complain of low back pain, muscle spasm and spasm. Examination revealed the patient sit in some mild discomfort, pain in heels with weight bearing, tender lumbar paraspinal muscles, discomfort with ROM. Lower extremities exam noted tender over inferior and medial aspects of bilateral calcaneus, the remain of the exam is normal. Diagnoses include post lumbar fusion, axial pain and myofascial pain. The patient is currently not employed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment (unspecified amount): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Traction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain page 58-59. 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/flare-ups - 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: The patient has completed 3 chiropractic visits with passive physiotherapy in 01/2014 and 02/2014 with no evidence of objective functional improvement. The patient continued to have ongoing significant pain, 7-8/10 VAS. There is no updated report that documents a recent flare up of the patient's low back pain. Based on the guidelines cited above, the request for eight chiropractic sessions is not medically necessary.