

Case Number:	CM14-0123222		
Date Assigned:	08/08/2014	Date of Injury:	03/03/2014
Decision Date:	09/11/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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 Chiropractor 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 50 year old male with low back pain, date of injury 3/3/2014. Previous treatments include medications, chiropractic, physical therapy, home exercises and work modifications. Progress report dated 07/23/2014 by the treating doctor revealed patient chief complain of low back pain that increased with prolonged sitting, bending, stooping and decreased with rest, pain is moderate, intermittent, dull, sharp, cramping, numbness, weakness. Exam revealed lumbar spine tender to palpation with muscle guarding and spasm, SLR increased low back pain and left thigh, positive Yeoman's on the left, positive Kemp's. Diagnoses include lumbar sp/st, left SI sp/st. The patient returned to modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy three times per week for four weeks, in treatment of the lumbar spine, quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy or Chiropractic Care.

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/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 show this patient has completed 12 chiropractic sessions. Pain level noted to decreased from 7/10 to 4/10 after the initial 6 chiropractic visits. However, the injured worker pain level increased and remained at 4-5/10 throughout the following six chiropractic sessions. There is no objective measurable gain in functional improvement documented, his lumbar spine examination remained unchanged. Based on the guidelines cited above, the request for additional 12 chiropractic visits is not medically necessary.