MAXIMUS Federal Services

Case Number:	CM14-0125467		
Date Assigned:	08/11/2014	Date of Injury:	04/04/2014
Decision Date:	10/02/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/07/2014

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 Chiropractor, and is licensed to practice in Texas. 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 39-year-old male who reported an injury on 04/04/2014 while working in a warehouse. He was putting tires away and as he lifted with his hands and raised his right leg, he felt a sharp pull to the low back with pain in the right side of his abdomen/inguinal. The next day he continued to experience pain in his midback, low back and shoulders. Diagnoses were lumbar myalgia, lumbar myospasm. Past treatments were physical therapy, and home exercise program. Diagnostic studies were x-rays of the lumbar spine. Surgical history was not reported. Physical examination on 06/10/2014 revealed complaints of intermittent low back pain, which were sharp and stabbing in character. The pain was rated a 7/10 to 8/10. The injured worker reported the pain was worse in the morning and the evening. Examination of the thoracic lumbar spine revealed tenderness to palpation, guarding and spasms noted over the paravertebral region, and spinous processes bilaterally. There were trigger points noticeable in the lumbar paraspinal muscles bilaterally. Supine straight leg raise test was positive bilaterally. Range of motion was restricted due to pain and spasm. Range of motion for the thoracic spine for flexion was to 40 degrees, right left rotation was 20/20. Range of motion for the lumbar spine flexion was to 40 degrees, extension was to 20 degrees. Medications were naproxen 550 mg, pantoprazole 20 mg, and Ortho-Nesic analgesic gel. Treatment plan was a request for chiropractic care and physical therapy. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation with therapeutic exercise , EMS/ mechanical traction/ temperature gradient & sensory test x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines : Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy, TENS Page(s): 58-59, 114-116.

Decision rationale: The decision for chiropractic manipulation with therapeutic exercise, EMS/ mechanical traction/ temperature gradient & sensory test x12 is not medically necessary. The California Medical Treatment Utilization Schedule states that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement, a total up of to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist and hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patient should be re-evaluated. Therapy 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. The medical guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The medical guidelines state that treatment beyond 4 to 6 visits should be documented with objective improvement in function. The request states for 12 visits, this exceeds the recommended visits. Therefore, the request is not medically necessary.