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| Case Number: | CM14-0127844 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 07/25/2007 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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:

The injured worker is a 54-year-old male with a reported date of injury of 07/25/2007 the specific mechanics of injury were not reported. The patient has treated with numerous healthcare services, including medical, pharmaceutical, chiropractic, physical therapy and acupuncture. The pain management reevaluation record indicate the patient presented on 05/22/2014 with a history of chronic low back pain, work-related injury with recent lumbar facet block on the left side with good improvement of the symptoms, pain has returned to level of 6/10. Following examination the patient was diagnosed with lumbar spine sprain/strain with disc bulge as per MRI at L4-5 level, lumbar facet arthropathy at L3-4, L4-5 and L5-S1 sacroiliac joint arthropathy, trigger points at L5 level piriformis muscle area, and status post right foot and ankle surgery. The patient underwent manipulation under anesthesia on at least 2 occasions (09/20/2012 and 07/10/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal manipulation under anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Low Back - Lumbar & Thoracic, Procedure Summary - Manipulation Under Anesthesia (MUA).
Updated 08/22/2014.

Decision rationale: Neither ACOEM nor ODG support medical necessity for manipulation under anesthesia in this case. MTUS makes no recommendations for or against spinal manipulation under anesthesia; therefore, ACOEM and ODG are the reference sources. ACOEM reports, "Manipulation under anesthesia (MUA) cannot be recommended at the present time because high quality studies do not exist in the procedure has significant associated risks." ODG reports manipulation under anesthesia (MUA) is, "Not recommended, except in urgent situations as a closed orthopedic procedure in the treatment (reduction) of vertebral fracture or dislocation. In the absence of vertebral fracture or dislocation, MUA is not supported by quality evidence in the management of spine-based neuromusculoskeletal conditions (i.e., those involving chronic pain and/or fibrotic adhesions/scar tissue)." In this case, there is no urgent situation of a closed orthopedic procedure in the treatment (reduction) of vertebral fracture or dislocation; therefore, ODG does not support Manipulation Under Anesthesia (MUA).