

Case Number:	CM14-0133053		
Date Assigned:	08/22/2014	Date of Injury:	03/13/2013
Decision Date:	10/01/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/20/2014

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 31 year-old female with a reported dated of injury on 03/13/2013. She was playing with children, jumped to shoot a basketball, tripped over a child and fell landing on her back and twisted to the right, and tried to break her fall with a right elbow. The chiropractor's PR-2 of 03/25/2014 reports patient complaints of lower back pain with numbness in the left leg, coccyx and sacral pain, and thoracolumbar pain. Pain was rated 6/10. The patient was working part-time with restrictions. The patient had reportedly been responding favorably to conservative treatments with improvements in functional capacity, objective findings and work restrictions. Lumbar range of motion was restricted 25-30% with less pain. There was less tenderness and muscle spasms with myofascial pain and trigger points. Lasegue created lower back pain on the left at 65 and on the right at 75. Braggard, Kemp's, leg raising and leg lowering tests created lower back pain. Heel and toe walk created lower back pain. Dermatomes questionably decreased on the left, Achilles tendon reflexes were absent bilaterally, and patellar tendon reflexes were trace bilaterally. The patient was diagnosed with lumbar disc syndrome, radicular neuralgia, lumbar sprain/strain, thoracic sprain/strain, sacrum sprain/strain, thoracic segmental dysfunction, lumbar segmental dysfunction, and the patient also had coccyx pain. The chiropractor's PR-2 of 04/29/2014 reported the patient having acute flare-up and pain level 07-8/10. She reported lower back pain with numbness in the left leg, coccyx and sacral pain, and thoracic pain. The provider noted his thanks for authorizing 8 additional chiropractic visits. The chiropractor's 07/15/2014 PR-2 reports the patient was reevaluated, was working part-time with restrictions, and was having pain of 5-6/10 intensity. The chiropractor reported the patient had been responding favorably to care and referenced to please see first report dated 12/10/2013 for comparison, but no 12/10/2013 record was provided for this review. The patient reported complaints of lower back pain with numbness in the left leg, coccyx and sacral pain, and

thoracolumbar pain. Physical examination findings were not significantly different from those reported on 03/25/2014 and 04/29/2014. Diagnoses were unchanged and the patient continued work with restrictions. There was a treatment request for 6-8 chiropractic treatments. The chiropractor's 08/02/2014 PR-2 reports the patient was experiencing acute flare-up of symptoms on 07/18/2014. She reported pain level of 8/10. Complaints, examination findings, work restrictions and diagnoses were consistent with prior reports. The chiropractor requested authorization for an additional 3-4 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation: (4) visits of Chiropractic care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The patient has been treating with frequent chiropractic care since at least 12/10/2013, with records noting treatments in March, April, July and August 2014. Since at least March 2014, she has been treating more frequently than 1-2 visits every 4-6 months. There is no evidence of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrence/flare-up, there is no measured documentation of prior treatment success, she has been treating more frequently than 1-2 visits every 4-6 months, and elective/maintenance care is not supported. The request for 4 additional chiropractic visits exceeds MTUS recommendations and is not supported to be medically necessary.