

Case Number:	CM14-0135305		
Date Assigned:	08/29/2014	Date of Injury:	07/26/2013
Decision Date:	10/17/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/22/2014

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 Board Certified 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 patient is a 49-year-old male born on [REDACTED]. On 07/26/2013, he injured his lower back while carrying a box of food (about 45 pounds) out of the fridge. He lowered his head to prevent hitting the doorframe and felt his low back lock and was unable to move. The Chiropractic Secondary Treating Physician Progress Report to PTP reports the patient presented on 06/19/2014 with complaints of lumbar pain to the right foot. The pain level was rated 2-6/10 on 06/19/2014 and was noted as 3-7/10 per last evaluation date of 05/14/2014. By examination on 06/19/2014 thoracolumbar flexion was reported 25 and previously 20, lumbar extension was reported 15 and previously 15, left lateral flexion was reported 15 and previously 15, right lateral flexion was reported 10 and previously 15, and bilateral rotation not noted. Milgram's and Kemp's Tests were reported positive on 06/19/2014 and previously. SLR was reported positive on the right and positive bilaterally on previous exam. Yeoman's was reported positive on the right on 06/19/2014 and previously. The patient was diagnosed with lumbar sprain/strain with right sciatica. The record reports prior frequency of visits was 3 times per week for 4 weeks, with a current recommendation of 2 times per week for 3 weeks. The submitted chiropractic chart notes utilize a combination of checklist style and cryptic handwritten script intended to report various clinical data. Chart notes report the patient presented for chiropractic care on 05/12/2014, 05/14/2014, 05/15/2014, 05/19/2014, 05/21/2014, 05/28/2014, 05/30/2014, 06/02/2014, 06/04/2014, 06/06/2014, 06/09/2014, and 06/19/2014. The chart note records do not provide historical information or record of measured functional findings. This review is regarding medical necessity for chiropractic care at a frequency of 2 times per week for 3 weeks (6 visits total).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk x3wks lumbar spine QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: The request for 6 chiropractic visits to the lumbar spine at a frequency of 2 times per week for 3 weeks is not supported to be medically necessary. The 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 record Chiropractic Secondary Treating Physician Progress Report to PTP of 06/19/2014 reports prior frequency of visits was 3 times per week for 4 weeks, with a current recommendation of 2 times per week for 3 weeks. The submitted chiropractic chart notes utilize a combination of checklist style and cryptic handwritten script to report various clinical data. Chart notes report the patient presented for chiropractic care on 05/12/2014, 05/14/2014, 05/15/2014, 05/19/2014, 05/21/2014, 05/28/2014, 05/30/2014, 06/02/2014, 06/04/2014, 06/06/2014, 06/09/2014, and 06/19/2014. These records do not provide historical information record of measured functional findings. The records do not provide 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 comparative measured evidence of a recurrence/flare-up, and elective/maintenance care is not supported; therefore, the request for 6 additional chiropractic visits is not supported to be medically necessary. The MTUS (Medical Treatment Utilization Guidelines) does not support medical necessity for the request of 6 chiropractic visits to the lumbar spine.