

Case Number:	CM14-0152215		
Date Assigned:	09/22/2014	Date of Injury:	05/22/2013
Decision Date:	10/22/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/18/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 44-year-old male who reported an injury on 05/22/2013. The mechanism of injury involved heavy lifting. The current diagnoses include displacement of intervertebral disc, unspecified thoracic/lumbosacral neuritis/radiculitis, and lumbosacral sprain/strain. The injured worker was evaluated on 09/02/2014 with complaints of moderate lower back pain with radiation into the left lower extremities. Previous conservative treatment is noted to include chiropractic therapy, physical therapy, and medication management. Physical examination revealed limited lumbar range of motion, 3+ tenderness and spasm, positive Kemp's testing bilaterally, and 2+ deep tendon reflexes. Treatment recommendations included spinal manipulation 3 times per week for 4 weeks, with a re-evaluation and outcome assessment. A request for authorization form was then submitted on 09/02/2014 for spinal manipulation with a re-examination and outcome assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment and physiotherapy 3 times weekly for 4 weeks, for the lumbosacral spine QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 106,111 and 115, Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 12 sessions of chiropractic therapy exceeds guideline recommendations. It is noted that the current request is for additional chiropractic treatment and physiotherapy. However, there is no documentation of a previous course of chiropractic treatment with evidence of objective functional improvement. Based on the clinical information received, the request is not medically appropriate.

Outcome assessment, QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.