

Case Number:	CM14-0156240		
Date Assigned:	09/25/2014	Date of Injury:	02/26/2013
Decision Date:	11/14/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/24/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 25-year-old male with date of injury of 02/26/2013. The listed diagnoses per [REDACTED] from 08/27/2014 are: Status post significant traumatic injury to the left leg requiring multiple surgeries and skin and muscle grafting over the left medial leg as well as internal and external fixation of compound rupture of the left ankle, tibia, and fibula, persistent dysfunction in the left ankle, foot, and leg with pain in the left knee and left hip area, and weakness in the distal leg with partial foot drop, status post hardware removal from 03/07/2014, compensable consequence of lumbar strain, right greater than left. According to this report, the patient complains of leg pain. Because of his chronic difficulty in his left leg, he now also has weakness and some partial foot drop. He cannot walk and stand very long and he cannot walk normally and tends to limp on the left leg. Generally, he uses a cane. Low back pain is due to altered gait, chronically due to chronic left leg pain and dysfunction. The examination showed sensation loss over the medial heel and sole of the foot. Sensation was preserved over the top of the foot and lateral foot, mostly in the dorsum. Complete sensory loss over the surgical scar and muscle grafting site over the medial leg. Gait is moderately antalgic because of pain and weakness in the left leg. Palpation of the paralumbar muscles showed muscle spasms or tightness and tenderness greater on the right than the left. Active range of motion in the lumbar spine is diminished. The documents included an operative report from 03/07/2014. The Utilization Review denied the request on 09/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for lower back: 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 and treatments Page(s): 58 59.

Decision rationale: This patient presents with left leg pain and low back pain. The patient is status post removal of hardware in the left medial ankle from 03/07/2014. The provider is requesting chiropractic treatments for the lower back. The MTUS Guidelines on manual therapy and treatments pages 58 and 59 recommends this treatment for chronic pain if caused by musculoskeletal conditions. A trial of 6 visits over 2 weeks is recommended and with evidence of objective functional improvement up to 18 visits over 6 to 8 weeks. The 08/27/2014 report notes, "Additionally for the low back pain he is still having spasms and pain flare ups, for which he is seeing a chiropractor on his own at least once a week and that has been very helpful." The records do not show any chiropractic reports to verify how many treatments the patient has received and with what results. In this case, while the patient reports benefit from chiropractic treatment, the provider does not specify the requested quantity. MTUS recommends a trial of 6 visits and with evidence of objective functional improvement up to 18 visits over 6 to 8 weeks. Therefore, this request is not medically necessary.