

Case Number:	CM14-0163742		
Date Assigned:	10/08/2014	Date of Injury:	01/31/1986
Decision Date:	11/18/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/06/2014

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 patient is a 64 year old female who was injured on 01/31/1986. The mechanism of injury is unknown. Prior medication history included Norco, capsaicin cream and Celebrex. The patient was seen on 09/03/2014 for numbing pain into the right lower extremity at the L5 distribution down the anterolateral thigh to the medial calf and into her toes. On exam, she is tender at the bilateral sciatic joints and sciatic notches, worse on the right. There is tenderness of the bilateral greater trochanters. Straight leg raises to 90 degrees with tight hamstring on the left and on the right, straight leg raises to 70 degrees with right side low back pain. She is diagnosed with lumbar disk injury and lumbar spinal enthesopathy. She has been recommended for chiropractic therapy of the lumbar spine. It is noted that the patient has had a Toradol injection in the past and has worked well for her and she has been recommended to receive an injection as well. Prior utilization review dated 10/31/2014 states the request for Chiropractic 2xwk x 6wks lumbar spine is not certified due to lack of documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk x 6wks lumbar spine: 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 Manipulation Page(s): 58-60.

Decision rationale: This review is for Chiropractic treatments, 2x week for 6 weeks (12 treatments) for the lumbar spine. "The CA MTUS guidelines states Chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate the progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option Therapeutic care- Trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over a 6-8 week." The original date of injury for this patient was January 31, 1986. On September 3, 2014, the patient was seen with complaints of numbing pain into the right lower extremity at the L5 distribution down the anterolateral thigh to the medial calf and into her toes. Review of her records fail to document if this patient has had an initial 6 visit trial of Chiropractic care. The records also fail to document any measurable improvements in functional capacity this patient has appreciated resulting from previous therapy, if any. Further, the treating doctor failed to outline specific goals this patient is expected to attain functional capacity, with this requested treatment, leading to eventual transition into an HEP and return to normal activities (ADLs). Due to lack of adequate but necessary documentation and the number of treatments being requested (12), this request does not raise to the recommendations of above quoted guidelines and is therefore not medically necessary.