

Case Number:	CM14-0164041		
Date Assigned:	10/08/2014	Date of Injury:	11/06/2012
Decision Date:	11/10/2014	UR Denial Date:	09/29/2014
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 Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 22-year-old male who reported an injury on 07/06/2012. Reportedly, while the injured worker was at work, he was bending over to pick up a box in the aisle, lifting a package weighing about 70 pounds off the floor and placing it onto a rack. He lifted the box over his head as he was turning to the right to place the box on the rack, the rack shook and fell, and immediately, he felt pain in his back that went down to his legs and upper back. The injured worker's treatment history included 12 sessions of physical therapy, medication management, and psychological evaluation. The injured worker had 12 sessions of physical therapy; however, on 07/22/2014, the injured worker reported mild improvement in frequency and duration of low back pain with physical therapy. The injured worker reported moderate relief most significantly during and immediately after treatment. The therapist noted the injured worker demonstrated mild improvements in strength, range of motion, and tolerance to activity. However, a reported continuation of significant pain was limiting. The injured worker would benefit from continued skilled physical therapy and eventually address residual pain and limitations. The injured worker was evaluated on 09/08/2014, and it was documented the injured worker complained of low back pain, left leg pain, rib pain, and left buttocks pain. Physical examination revealed he had mild pain in the groin with internal rotation and external rotation of the left hip. Straight leg raise was negative. Motor strength was 5/5 in the quadriceps, tibialis anterior, extensor hallucis longus, and gastroc soleus on both sides. He had some tenderness to palpation of the mid rhomboid area and in the mid thoracic area. He had full sensation from L2-S1. Diagnoses included lumbar strain, severe; thoracic sprain; lumbar radiculitis, resolved; lumbar scoliosis 12 degrees; facet joint syndrome; left upper trapezial pain; and left hip pain. The Request for Authorization dated 09/18/2014 was for chiropractic treatment, quantity 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, QTY: 10 sessions: Upheld

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

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

Decision rationale: The California MTUS guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. The injured worker had 12 sessions of physical therapy; however, it was documented the injured worker reported mild improvement in frequency and duration of low back pain with physical therapy. The injured worker reported mild relief most significantly during and immediately after treatment. Additionally, the provider failed to include outcome measurements of a therapeutic home exercise regimen for the injured worker, and long term goals. Moreover, the request failed to include body location where the injured worker is requiring the chiropractic treatment. As such, the request for chiropractic treatment, quantity 10 sessions, is not medically necessary.