

Case Number:	CM14-0021502		
Date Assigned:	05/07/2014	Date of Injury:	07/28/2012
Decision Date:	07/09/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/20/2014

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 Acupuncture 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 injured worker is a 53 year old male who reported low back pain from injury sustained on 7/28/12. "The patient was inside a trailer and pulling down on a rope to start to roll-up the door and the door got stuck and he twisted and fell but caught himself". MRI of the lumbar spine revealed modest bilateral lateral recess and proximal forearm, with possible irritation of budding left S1 and existing left L5 nerve root; and L4-5, L5-S1 disc protrusion measures 2mm. Patient is diagnosed with low back pain with radicular pain and disc protrusion with foraminal stenosis. Patient has treated with medication, lumbar injection, acupuncture and chiropractic. Per notes dated 10/17/13, he has noted decreased lumbar pain with a course of chiropractic care. The patient would like to continue such treatment as he is showing interval improvement. Primary treating physician requested 6 chiropractic sessions which were denied due to lack of medical necessity. Per notes dated 12/19/13, he is doing well in regards to low back and bilateral lower extremity pain. He has received lumbar injection which was helpful. He also currently takes ibuprofen and muscle relaxant medication. Per notes dated 1/9/14, "patient was involved in a motor vehicle accident on 10/14/13 which he did not mention on prior visits; currently the patient notes lumbar pain he is experiencing not to be more prominent". Primary treating physician is requesting an appeal for 6 chiropractic sessions. Chiropractic progress notes were not provided for review. Patient hasn't had any long term symptomatic or functional relief with Chiropractic care. There is no assessment in the provided medical records of functional efficacy with prior chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT ONE TIME A WEEK FOR SIX WEEKS FOR LUMBAR DISC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-59.

Decision rationale: Per MTUS Chronic Pain medical treatment guideline, Manual therapy and manipulation pages 58-59. "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 objectively measureable gain sin functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". 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 6-8 weeks. Elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. Chiropractic progress notes were not provided for review. Medical notes fail to document any objective deficits which would warrant additional care. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.