

Case Number:	CM14-0022058		
Date Assigned:	05/09/2014	Date of Injury:	11/28/2012
Decision Date:	07/10/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 40-year-old male, born on 09/25/1973. The patient reportedly experienced a work-related injury on 11/28/2012, but biomechanics of the original injury were not reported, and the patient last worked 11/28/2012. The medical record of 12/17/2013 reports the patient being treated for ongoing low back pain rated 7/10, and he had completed 16 chiropractic treatments with minimal relief. The medical record of 01/21/2014 reports the patient had completed 25 visits of chiropractic therapy with no benefit. The patient was seen in follow-up medical exam on 03/21/2014 for ongoing lower back pain rated 7/10. He had completed 28 sessions of chiropractic therapy with minimal pain relief. According to the 03/21/2014 examination, gait was slightly antalgic, there was lumbar paraspinal tenderness to palpation with muscle spasms greater on the left than the right, decreased lumbar spine range of motion in all planes, lower extremity sensation intact bilaterally, motor exam 4+/5 left extensor hallucis longus and left tibialis anterior with remainder of lower extremity motor function 5/5, reflexes within normal limits, straight leg raise reproduced pain in the buttocks and hamstring region, and slump test positive bilaterally. The patient was diagnosed with herniated nucleus pulposus (HNP) of the lumbar spine with severe stenosis and lumbar radiculopathy. Through 03/21/2014, the patient had been treated with chiropractic care on 28 occasions with procedures to include chiropractic spinal manipulation of 1-2 regions, therapeutic exercises, electrical muscle stimulation, infrared, hot/cold packs, range of motion exam, and functional outcomes assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC TREATMENT: 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 & MANIPULATION Page(s): 58-60.

Decision rationale: The California MTUS guidelines do not support medical necessity for the requested additional chiropractic treatment sessions. The employee had already been treated in excess of MTUS (Chronic Pain Medical Treatment Guidelines) recommendations, having completed 16 chiropractic treatment sessions, by the time of the request for additional care on 12/17/2013. Submitted documentation does not provide evidence of functional improvement with chiropractic care rendered. MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-59, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The employee was treated on far greater than a 6 visit treatment trial, completing 16 sessions by 12/17/2013 (28 visits through 03/21/2014), without evidence of objective functional improvement with care rendered, without evidence of a recurrence/acute flare-up, and elective/maintenance care is not medically necessary; therefore, the request for additional chiropractic treatment sessions is not supported to be medically necessary.