

Case Number:	CM14-0022688		
Date Assigned:	06/11/2014	Date of Injury:	12/24/2012
Decision Date:	07/29/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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 licensed in Chiropractic and is licensed to practice in 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 62-year-old male with a reported date of injury of 12/24/2012. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with low back pain rated at 8/10 with leg radiation, numbness, and tingling localized in the sacral area. The mechanism of injury was reportedly caused by repetitive lifting and driving. Lumbar x-rays dated 12/27/2013 revealed degenerative changes. The clinical documentation indicated the injured worker previously attended 9 out of 12 physical therapy visits; the results of which were not provided within the documentation available for review. The clinical note dated 01/31/2014 indicated that the injured worker's lumbar spine MRI was approved on 02/03/2014, the results of which were not provided within the documentation available for review. The injured worker's diagnoses included lumbar strain, gout, and hypertension. The injured worker's medication regimen included hydrocodone, naproxen, and muscle rub. The Request for Authorization for six (6) chiropractic treatment for the lumbar spine was not submitted. Within the clinical note dated 01/17/2014, the physician indicated that he was requesting an L-spine MRI ASAP, chiropractic treatments x 6 and physical therapy x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic treatments for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: California MTUS Guidelines recommend manual therapy manipulation 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 and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines state that elective manual therapy and manipulation maintenance care is not medically necessary. According to the documentation, the injured worker had no onset of pain prior to 01/17/2014. The injured worker was positive straight leg raise bilaterally and presented with leg radiation and numbness and tingling. Positive straight leg raise with radiation, numbness and tingling would indicate an impingement sign. According to the guidelines, chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. In addition, the physician indicated that an MRI was approved in 02/2014. The results of which were not provided within the documentation available for review. Therefore, the request for six (6) chiropractic treatment for the lumbar spine is not medically necessary.