

Case Number:	CM14-0022837		
Date Assigned:	06/11/2014	Date of Injury:	08/12/2013
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
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 Services 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 65 year old male who reported an injury of 08/12/2013. The mechanism of injury was due to transferring a 220 pound patient from the bed to the wheelchair. The injured worker had an exam on 01/15/2014 due to complaining of constant sharp, stabbing pain ion the lumbar spine. The injured worker had received temporary relief from chiropractic therapy, although he continued to complain of tingling and numbness constantly to lower extremities. He had an electromyography, and nerve conduction study done on 12/23/2013 that revealed mild, acute L5 radiculopathy bilaterally. The injured workers lumbar range of motion results was flexion 70 degrees, extension 30 degrees. His straight leg raise test was positive at 70 degrees bilaterally. He had positive kemps test, milgrams test and Valsalva test bilaterally. He had an MRI on 12/07/2013 showing lumbar spine herniated nucleus pulpous with radiculopathy. There is no documentation of pain management or assessment provided, there was also a lack of conservative treatment or home exercises provided. The request for authorization and rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 6 SESSIONS, 2 X WEEK FOR 3 WEEKS FOR THE 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 & manipulation Page(s): 58.

Decision rationale: There has been a lack of documentation of previous chiropractic therapy and effectiveness. There has been a lack of documentation of medications and pain assessment and any home exercises. The California MTUS guidelines recommend manual therapy for the low back with a trial of six visits of two weeks, with evidence of objective functional improvement. There is no evidence of improvement provided, therefore the request for chiropractic therapy is not medically necessary and appropriate.