

Case Number:	CM14-0023128		
Date Assigned:	05/14/2014	Date of Injury:	11/30/2012
Decision Date:	07/10/2014	UR Denial Date:	02/06/2014
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 Board Certified in Chiropractic, has a subspecialty in Chiropractic Sports Physician 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 38 year old female who injured her low back on 11/30/12, while lifting a heavy bag of trash and suffered disc protrusions at three levels in the lumbar spine. She also suffers from headaches, ringing in the left ear, neck pain, shoulder pain, fatigue, constipation, abdominal pain and loss of appetite. The treatment according to the records has consisted of medications, physical therapy, lumbar injections, exercises and home tens unit. The home tens unit has given her the most relief. The records do not indicate if the patient has received chiropractic manipulation and the number of treatments. On 1/4/2013 an MRI of the lumbar spine revealed the following: multilevel disc disease, L3-L4 level-broad based disc protrusion of 3mm, L4-L5 level-disc/protrusion of 2mm, L5-S1 level 3-4mm central and right paracentral disc protrusion. On 2/5/2013 the injured worker was referred to a neurologist who diagnosis a thoracolumbar strain with multilevel disc bulging. He recommended physical medicine and rehab consult. On 3/4/2013 the injured worker was seen by a physiatrist who referred her for another trial chiropractic care. On 7/2/2013 the injured worker was evaluated by pain management MD who referred her to physical therapy with extension exercises for the spine. On 2/25/2014 the injured worker is evaluated by PQME medical doctor who gave her 15% whole person impairment for the lumbar spine. The medical doctor is requesting 6 myofascial release therapy from a chiropractor.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 CHIROPRACTIC SESSIONS FOR THE LUMBAR SPINE (FOR MYOFASCIAL RELEASE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 59 & 60.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation 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. Manipulation for the low back is recommended as an option for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6 to 8 weeks. Elective/maintenance care - is not medically necessary. Recurrences/flare-ups - need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Massage therapy is recommended as an option. This treatment should be an adjunct to other recommended treatment (e.g. exercise). And it should be limited to 4-6 visits in most cases. According to the MTUS Chronic Pain Medical guidelines massage (myofascial release) is not recommended as a singular standalone therapy. Massage should be used in conjunction with chiropractic manipulation and exercises. Therefore the request for myofascial is not medically necessary.