

Case Number:	CM14-0025300		
Date Assigned:	06/11/2014	Date of Injury:	08/29/2013
Decision Date:	07/25/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/27/2014

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 Chiropractor and Acupuncture, 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 24-year-old male with a reported injury on 08/29/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/11/2013 reported that the injured worker complained of right lower extremity pain with numbness and weakness. The physical examination was not provided within the clinical note. The injured worker's diagnoses included lumbar spine with right sciatica with severe central canal stenosis, stress, anxiety, and weight gain. The provider requested chiropractic sessions to the lumbar spine to decrease pain and increase mobility. The Request for Authorization was submitted on 02/27/2014. The injured worker's prior treatments were not included within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO 3X4 FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: The request for chiropractic 3 by 4 for the lumbar spine is non-certified. The injured worker complained of right lower extremity pain with numbness and weakness. The

treating physician's rationale for chiropractic sessions to the lumbar spine is to decrease pain and increase mobility. The CA MTUS guidelines recommend manual therapy 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 in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there was a lack of documentation indicating the injured worker had significant functional deficits requiring the need for chiropractic sessions. Moreover, there was a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercises, and/or oral medication therapy. Furthermore, the physical examination was not provided within the clinical note. Given the information provided, there is insufficient evidence to determine appropriateness of chiropractic sessions of the lumbar spine to warrant medical necessity; as such, the request is not medically necessary and appropriate.