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| Case Number: | CM14-0025575 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 05/19/2009 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 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 41-year-old female with a reported date of injury of 05/19/2009. The mechanism of injury was reported as a fall. The injured worker presented with pain in the low back rated at 2/10. On physical examination, the injured worker had forward bending fingertips to mid legs with pain. Extension was restricted to 15% to 20% with less pain on the right. The physician indicated there was less tenderness, muscle spasm, and myofascial pain and paravertebral muscles with trigger point. Pain and tenderness was observed on the right SI joint. The clinical note dated 02/25/2014, indicated the injured worker previously participated in 14 chiropractic visits from 12/22/2012 to 02/25/2014. The physician indicated that the injured worker's pain level was 3-4/10 in the low back and after the most recent treatment her pain level was 2/10 with "better" range of motion and less tenderness. The clinical documentation indicates that the injured worker previously participated in physical therapy, acupuncture, and chiropractic care. The injured worker underwent a lumbar MRI and EMG; the results of which were not provided within the documentation available for review. The injured worker's diagnosis included lumbar disc syndrome, radicular neuralgia, lumbar sprain/strain, and segmental dysfunction of the lumbar spine. The injured worker's medication regimen was not provided within the documentation available for review. The request for authorization of chiropractic sessions to the lumbar spine x3 was submitted on 02/25/2014. The physician indicated that he was requesting an additional 2 to 4 visits to further help the injured worker function better.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions to the lumbar spine x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy/Manipulation Page(s): 58.

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

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal for effective 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. The California MTUS guidelines recommend therapeutic manual therapy and manipulation of the low back, trial visits of 6 over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In addition the guidelines do not recommend elective/maintenance care as medically necessary. The clinical documentation provided for review indicates the injured worker has previously participated in 14 chiropractic visits over a period of 14 months (12/22/2012 to 02/25/2014). The injured worker indicates that she has returned back to work with restrictions. According to the documentation provided the injured worker has attended 14 chiropractic visits over 14 months. The guidelines do not recommend elective/maintenance chiropractic care as medically necessary. The request for an additional 3 chiropractic sessions exceeds the recommended guidelines. Therefore, the chiropractic sessions to the lumbar spine x3 is not medically necessary.