

Case Number:	CM14-0027785		
Date Assigned:	06/16/2014	Date of Injury:	10/30/2012
Decision Date:	07/25/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/05/2014

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 a licensed Chiropractor and Acupuncturist 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 55-year-old male who reported an injury on 10/30/2012. The mechanism of injury was a motor vehicle accident. Prior treatments includes of chiropractic care in 2012, acupuncture times 12, and epidural steroid injections in 2013. The documentation of 01/08/2014 revealed the injured worker had low back pain. The pain was aggravated by activities such as back bending, lifting, and it was relived with rest and medications. There was reported to be middle back dull and aching pain rated 5/10 without medications and 4/10 with medications. The physical examination revealed decreased range of motion in the lumbar spine. There was tenderness and myospasm there were palpable over the bilateral paralumbar muscles. There was tenderness at the left sciatic notch. There were circumscribed trigger points with positive taught bands, twitch response, and a positive jump sign with pressure over the bilateral paraspinous muscles. The straight leg raise was positive on the left side causing low back pain radiating to the left posterior thigh upon 45 degree leg raise. The Braggard's test was positive on the left side. Diagnoses included lumbar disc displacement with radiculopathy, lumbar radiculopathy, and lumbar spine sprain and strain. The treatment plan included chiropractic care and trigger point injections as well as a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2-3 TIMES A WEEK FOR 4-6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The California MTUS Guidelines indicate that manual therapy is recommended for chronic pain if it is caused by musculoskeletal conditions. For the low back, therapy is recommended for treatment or flare ups. There should be documentation of a re-evaluation of prior treatment success. The clinical documentation submitted for review indicated the injured worker had previously undergone chiropractic treatment. There was lack of documentation of objective functional improvement. Additionally, the request as submitted failed to indicate the body part to be treated with chiropractic care. The request for 18 sessions would be excessive. Given the above, the request for chiropractic treatment 2-3 times a week for 4-6 weeks is not medically necessary and appropriate.