MAXIMUS Federal Services

Case Number:	CM14-0029719		
Date Assigned:	06/20/2014	Date of Injury:	08/29/2007
Decision Date:	10/03/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in Insurance Consulting/Utilization Review and is licensed to practice in Texas and Alabama. 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 49 year-old male with a recorded 8-29-07 date of injury. The mechanism of injury is described as one in which the patient was lifting a 4x4ft box when a co-worker lost grip causing the box to strike the patient in the knees resulting in low back pain. The most recent 1-21-14 medical evaluation describes the patient with complaints including: intermittent low back pain rated 6-7/10 with off/on spasm, numbness, and tingling. Examination findings note: not in acute distress; extension to 15 degrees; flexion to 35 degrees; umbilical hernia measuring 3.5 cm. Diagnoses rendered is discogenic lumbar condition with facet inflammation and radiculopathy. Lumbar spine MRI finding described from a 1-31-12 study include: L4-5 mild disc decreased disc height; right side non-compressive disc bulge; disc bulge approximating right L4 nerve root; and degenerative/hypertrophic changes. Treatment noted to date consists of medications, TENS, and back brace. A 1-22-14 Request for Authorization is submitted to include: lumbar spine MRI, EMG studies, and chiropractic therapy x12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 x week for 12 weeks for the Lumbar Spine: Upheld

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

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

Decision rationale: Regarding manual therapy and manipulation: MTUS guidelines recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The request for 12 chiropractic visits (1x/wk x12wks) exceeds MTUS guideline trial therapy recommendation. As such, medical necessity of the request for 12 chiropractic visits (1x/wk x12wks) is not supported with the application of MTUS Guidelines.