

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0030355 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 10/02/2012 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 02/07/2014 |
| 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 Board Certified in Chiropractor, 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 45-year-old male with a reported date of injury on 10/02/2012. The mechanism of injury was noted to be a motor vehicle accident. His diagnoses were noted to include left lumbar facet joint syndrome, L4-5 disc extrusion, and lumbar strain. His previous treatments were noted to include medications and acupuncture. The progress note dated 12/10/2013 reported the injured worker complained of a little less pain in the low back with radiation to both legs, associated with tingling and weakness in the legs. The injured worker rated his pain as 5/10, but as 4/10 at its best. The pain was described as shooting with muscle pain. The physical examination of the lumbar spine revealed tenderness to palpation over the bilateral lumbar paraspinal muscles, consistent with spasms. There was no sciatic notch tenderness, no gluteal spasm, and no piriformis spasm. There was no spinous process tenderness or masses palpable along the lumbar spine. There was a negative lumbar facet loading maneuver and a positive straight leg raise. The motor strength was rated 4/5 on the left plantarflexion and left greater toe extension. The Request for Authorization form was not submitted within the medical records. The request is for chiropractic treatment twice weekly for 6 weeks for the lumbar spine, quantity 12 sessions, to reduce the injured worker's symptomatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment twice weekly for 6 weeks for lumbar spine QTY: 12: 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 and manipulation Page(s): 58.

Decision rationale: The request for chiropractic treatment twice weekly for 6 weeks for the lumbar spine, quantity 12, is non-certified. The documentation provided indicated the injured worker was to begin chiropractic therapy that had been approved. The California Chronic Pain Medical Treatment 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 to facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend chiropractic treatment for the low back as a trial of 6 visits over 2 weeks; with evidence of objective functional improvement, with a total of up to 18 visits over 6 to 8 weeks. There was a lack of documentation regarding functional deficits and the request exceeds guideline recommendations. Therefore, the request is not medically necessary.