

Case Number:	CM14-0031935		
Date Assigned:	03/21/2014	Date of Injury:	09/04/2013
Decision Date:	05/02/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/13/2014

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 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 patient is 36-year-old male who reported an injury on 09/04/2013. The mechanism of injury involved repetitive lifting. The patient is currently diagnosed with right-sided L4-5 and left-sided L5-S1 disc protrusion with nerve root impingement, and bilateral lower extremity radiculopathy. A request for authorization was submitted on 02/11/2014 by [REDACTED] for chiropractic therapy twice per week for 4 weeks, and physical therapy twice per week for 4 weeks to the lumbar spine. However, there were no physician progress reports submitted by [REDACTED] for this review. The latest physician progress report is documented on 12/17/2013 by [REDACTED]. The patient reported 7/10 low back pain with radiation to bilateral lower extremities. Physical examination at that time revealed a normal gait, tenderness to palpation, diminished range of motion, intact motor and sensory examination, and positive straight leg raising. Treatment recommendations included a pain management consultation for epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 TIMES 4 FOR THE LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation are recommended if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The patient does demonstrate decreased range of motion and tenderness to palpation. There is no documentation of this patient's previous participation in a course of chiropractic therapy. However, the current request for 8 sessions of chiropractic therapy exceeds guideline recommendations. Based on the clinical information received, and the California MTUS Guidelines, the request is non-certified.

PHYSICAL THERAPY 2 TIMES 4 FOR THE LUMBAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the documentation submitted, the patient has previously participated in physical therapy. It was noted on 10/03/2013, the patient completed 6 sessions of physical therapy without improvement. The patient continued to report persistent pain, and was also seen in the emergency room for severe numbness to the right lower extremity. Without evidence of functional improvement following the initial course of physical therapy, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.