

Case Number:	CM14-0035121		
Date Assigned:	06/23/2014	Date of Injury:	07/31/2012
Decision Date:	07/22/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/21/2014

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 is licensed to practice in California. 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 a 61 year old female who was injured on 07/31/2012. The mechanism of injury is unknown. Prior treatment history has included sessions of acupuncture and aquatic and physical therapy. The patient underwent lumbar epidural steroid injections on 12/18/2013 and achieved 10% relief of the left region. Diagnostic studies reviewed include EMG/NCV dated 04/03/2014 revealed a normal study. Progress report dated 02/28/2014 indicates the patient presented with left lower extremity radiation pain that is intermittent. She still reports radiating left gluteal pain over the left lower extremity. On examination of the lumbar spine, pain sensitivity was rated at 3/10 in the left gluteal and 3/10 pain in the left lower extremity. There is tenderness in the sciatic notch. Range of motion reveals flexion at 60; extension at 10; right lateral bending at 25; left lateral bending at 25. Kemp's test is positive on the left and straight leg raise is negative. Sitting straight leg raise is positive on the left. The patient has been diagnosed with lumbar radiculitis and sciatica. Measurable goals are increase range of motion, strength, and endurance. Treatment requested is 6 sessions of chiropractic treatment once a week for 6 weeks. Prior utilization review dated 03/17/2014 states the request for chiropractic treatment 1x6 is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 1 X PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The request is for chiropractic treatment visits 1 a week for 6 weeks to the lower back with radicular pain into the left leg. This patient is clearly at a chronic point in her treatment. The MTUS Chronic Pain Medical Treatment Guidelines would recommend the following: "c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. "Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered 'maximum' may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function." The request for continued chiropractic treatment is non-certified for the following reasons: The requested treatment does not conform to the current treatment guidelines. Additionally, the ACOEM guidelines state "Manipulation appears safe and effective in the first few weeks of back pain without radiculopathy."