

Case Number:	CM14-0035440		
Date Assigned:	06/23/2014	Date of Injury:	03/07/2013
Decision Date:	07/24/2014	UR Denial Date:	03/06/2014
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 Board Certified in Chiropractic Medicine, 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:

According to the available medical records, this is a 46-year-old with chronic low back pain and right hip pain, date of injury March 7, 2013. Previous treatments include chiropractic, medications, physical therapy, home exercise, TENS (transcutaneous electrical nerve stimulation) unit and cortisone injection in the trochanteric region. Consultation report dated February 24, 2014 by the requesting doctor revealed recalcitrant low back pain radiating down from the hips to the knees, dull aching in nature. Squatting, kneeling, lifting, pushing and pulling exacerbate the pain from a baseline of 1 to 6 out of 10. The patient does seem to get frequent exacerbations of the pain that last for several hours. Sharp, aching and stabbing pain that radiates down from the hips to the legs and she does feel the pain invariable that lasts for several hours a day. Norco and Motrin have helped the patient to mitigate the symptoms as well as walking and stretching. Norco and Motrin helped alleviate the pain for about 20%, therapy helped 10%, rest helped 35%, stretching and heating helped 20%. The patient does not report any numbness, tingling, or burning sensation in any particular part of the body, and it is constant in nature from the beginning of the week to the end of the week. Exam of the lumbar spine revealed limited ROM (range of motion) of the lumbar spine with flexion and extension of 20 degrees, limited by pain in the lumbar spine. The patient does not complain of increasing pain toward terminal ROM. Tenderness to palpation of the lumbar paraspinals and along the right hip. Diagnoses include lumbar ligament/muscle strain and spasm and right hip strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY IN TREATMENT OF THE LUMBAR SPINE, TWICE WEEKLY FOR THREE WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain, page 58-59.

Decision rationale: Regarding chiropractic treatments, the Chronic Pain Medical Treatment Guidelines states "a trial of six visits over two weeks, with evidence of objective functional improvement, total of up to eighteen visits over six to eight weeks, is recommended. Elective/maintenance care is not medically necessary. Recurrences/flare-ups require the need to re-evaluate treatment success, if RTW (return to work) is achieved then one to two visits every four to six months." According to the consultation report dated May 29, 20132013 by the treating doctor, the patient was receiving chiropractic treatment which made her pain worse. It is not clear of how many visits she had and no functional improvement documented. The request for chiropractic therapy in treatment of the lumbar spine, twice weekly for three weeks, is not medically necessary or appropriate.