

Case Number:	CM14-0038083		
Date Assigned:	06/25/2014	Date of Injury:	09/26/2013
Decision Date:	07/31/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/01/2014

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 Care 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 31 year old male who was injured on 09/26/2013. He sustained an injury to his back when a table fell off the edge of a stage. Prior treatment history has included transcutaneous electrical nerve stimulation (TENS) unit. QME report dated 02/11/2014 indicates the patient presented with complaints of headaches, and continues to experience indigestion intermittently which he associates to taking medication. He also experiences back pain with numbness and tingling. He has paresthesia in the left leg into the toes. He has burning sensations in the right middle, ring-finger, and pinky of the right hand. There is a sensation of fullness and pressure. The patient was diagnosed with myofascial sprain/strain of the lumbar spine, myofascial sprain/strain of the thoracic spine; post-traumatic headaches; and paravertebral mild fasciitis of the thoracolumbar spine. The treatment and plan included home exercise program, MRI of the lumbar spine to rule out disc pathology/herniation. On a progress note dated 02/04/2014, the patient reports right upper extremity ulnar nerve entrapment symptoms. He complains of constant moderate mid to low back pain which he describes as a 4-5/10. He reported his lower extremity symptoms are intermittent at this point and are described as radiating. On exam, range of motion of the dorsolumbar spien reveals flexion to 55; extension to 24; left lateral flexion to 24; and right lateral flexion to 26. He has pain with all ranges of motion. There is tenderness to palpation of the thoracolumbar paravertebral musculature. The patient is recommended to continue with his home exercise program and 12 chiropractic visits (2 x per week for 6 weeks). Prior utilization review dated 03/10/2014 states the request for 12 chiropractic visits (2 x per week for 6 weeks), has been modified to authorize 6 sessions of chiropractic therapy to allow in office strengthening, endurance training and proprioception training.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic visits (2 x per week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation; Physical Medicine; Aquatic Therapy. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: Reviewed records document this patient has had 10 chiropractic visits from 11/05/2013 through 12/10/2013. The provider reported no significant improvement in the patient's functional capacity in his report on 02/14/2014. Also on 02/14/2014, the patient reported a pain scale index of 4-5/10 with intermittent spiking to 7/10. The MTUS Guidelines allow for a 6 visit initial trial of manual therapy with up to 18 visits within 6-8 weeks provided there is documented improvement in the patient's functional capacity with the goal of transitioning the patient to an home exercise program (HEP) and return to work. Although the records indicate this patient is actively participating in an HEP, there is no documentation of improvement. The records report this patient continues to be on temporary total disability. With no measurable improvement in the patient's functional capacity and no specific goal as to what improvement in functional capacity would be expected with additional chiropractic treatments, this request is not medically necessary.