MAXIMUS Federal Services

Case Number:	CM14-0038644		
Date Assigned:	06/27/2014	Date of Injury:	03/12/2011
Decision Date:	08/06/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 claimant is a 33-year-old male who was involved in a work injury on 3/28/2011. According to the 3/5/2014 consultation report from the provider, a neurosurgeon, the injury was described as the claimant was carrying 180 pounds of wet boards from a front yard to the backyard. The claimant fell because the ground was wet with rain and he slipped. The claimant went to the ground forward in his right leg went backwards. The claimant did the splits, and sustained immediate back in leg pain. The claimant reportedly presented to his medical provider where he was prescribed a course of 16 physical therapy treatments. The claimant also underwent an epidural injection in December 2011 with two months relief. At the time of the 3/5/2014 evaluation, the claimant complained of lower back pain. The claimant was diagnosed with Grade 1-2 L5 anterolisthesis secondary to bilateral pars defect with interspace collapse and foraminal nerve root compression with left sciatica greater than right with neurogenic pseudo-claudication from stenosis, L4/5 interspace collapse and high body mass index. The recommendation was for a course of chiropractic treatment at two times per week for six weeks, acupuncture one time per week for six weeks, lumbar corset, and flexion extension lumbar radiograph to assess the level of instability. The requested twelve (12) chiropractic treatments was modified by peer review on 3/27/2014 to certify initial trial of six treatments. The peer review report indicates that the recommendation was given to a staff member of the provider who agreed to modification of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) chiropractic therapy, two (2) times a week for six weeks, to lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The claimant sustained an injury to his lower back and underwent a course of physical therapy. The claimant was then referred to the office of the provider, a neurosurgeon, for an evaluation. This report indicated that the claimant received 16 physical therapy treatments but no chiropractic or acupuncture treatments. The request for twelve (12) treatments was submitted for peer review. This was appropriately modified to certify six treatments. The recommended modification to certify six treatments is consistent with MTUS guidelines. The MTUS chronic pain treatment guidelines, give the following recommendations regarding manipulation: Recommended as an option. For therapeutic care, a trial of six visits over two weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Given that the claimant had not received any chiropractic treatment prior to this request, and the presenting complaints, a clinical trial of six treatments would be appropriate. However, the requested 12 treatments are in excess of the MTUS guidelines. Therefore, the request for twelve (12) chiropractic therapy, two (2) times a week for six weeks, to lumbar spine is noncertified.