

Case Number:	CM14-0043682		
Date Assigned:	07/02/2014	Date of Injury:	12/16/2003
Decision Date:	07/31/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/10/2014

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 Acupuncturist 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 injured worker is a 64 year old female with a reported injury on 12/16/2003. The mechanism of injury was not provided. Examination on 03/01/2014, noted complaints of continued low back pain that radiates down the lateral aspect of the left leg and inside her calf. Her pain level with medications was 6/10 and without about 8/10. The medication list included Norco, Motrin, Omeprazole and Rantidine. The examination revealed reflexes at the patella are 1+, and the Achilles reflexes were trace on the left and absent on the right. Strength was decreased in both lower extremities at 4/5. There was positive straight leg raising test on the left at 45 degrees. There was no previous physical therapy or home exercise program provided. Her diagnoses consisted of right L5 radicular pain, in the setting of disc protrusion/extrusion at L4-L5 and lumbar disc chronic discogenic neck pain. The recommended plan of treatment was to renew her medications and to get an updated lumbar MRI. There was no mention of chiropractic therapy. The request was signed 03/18/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guide Page(s): 61-62.

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

Decision rationale: The California MTUS Guidelines recommend manual therapy for chronic pain is caused by musculoskeletal conditions. In this case, the injured worker has radicular pain and diagnoses. She does not have evidence of musculoskeletal symptoms. The MTUS guidelines also recommend the goal of manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement. There were no measurable functional deficits provided. Furthermore, the request did not specify the frequency of the six visits. Therefore, the request for chiropractic treatment, six visits is not medically necessary and appropriate.