

Case Number:	CM14-0046248		
Date Assigned:	07/02/2014	Date of Injury:	09/06/2008
Decision Date:	08/05/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/14/2014

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 Chiropractor 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 28-year-old male with a reported injury on 09/06/2008. The mechanism of injury was not provided within the clinical notes. The clinical note dated 03/03/2014 reported that the injured worker complained of low back pain with radiation to his bilateral lower extremities, left greater than right. The physical examination of the injured worker's lumbar spine revealed positive tenderness to palpation to the low back paraspinal muscles. The injured worker's diagnoses included lumbar degenerative disc disease, low back pain, lumbar radiculopathy, and myofascial pain. The provider requested chiropractic therapy, the rationale was not provided within the clinical notes. The Request for Authorization was not submitted within the clinical notes. The injured worker's prior treatments included a TENS (Transcutaneous Electric Nerve Stimulation) unit and previous chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) chiropractic visits: Upheld

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

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

Decision rationale: The request for chiropractic 1 time a week for 12 weeks is non-certified. The injured worker complained of low back pain with radiation to his bilateral lower extremities, left greater than right. The treating physician's rationale for chiropractic therapy was not provided within the clinical notes. The CA MTUS guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There was a lack of documentation indicating the injured worker has significant functional deficits requiring chiropractic services. There was a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. Moreover, there is a lack of objective measurable functional improvements indicating an increase in physical activities due to decreased pain and discomfort from chiropractic sessions. In addition, the request for 12 chiropractic sessions exceeds the guidelines recommendation of trial 6 sessions. As such, the request for twelve (12) chiropractic visits is not medically necessary and appropriate.