

Case Number:	CM14-0048072		
Date Assigned:	07/02/2014	Date of Injury:	07/02/2010
Decision Date:	08/01/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/16/2014

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 Acupuncture 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 46-year-old male with a reported date of injury on 07/02/2010. The injury reportedly occurred while the injured worker was performing duties as a road worker. The injured worker presented with chronic low back pain and left lower extremity pain, rated at 3-4/10. According to the clinical documentation, the injured worker underwent lumbar epidural steroid injection which produced 60% pain relief. In addition, the clinical documentation provided for review indicated the injured worker previously participated in physical therapy, chiropractic care, and home-based exercises; the results of which were not provided within the documentation available for review. The MRI of the lumbar spine dated 11/12/2013 revealed L4-5 mild broad central disc protrusion. Upon physical examination, the injured worker's lumbar spine revealed tenderness to palpation. The physician indicated the injured worker's lumbar spine range of motion revealed flexion decreased by 20% with full extension and rotation bilaterally. The EMG/nerve conduction studies performed on 10/26/2010 revealed to be normal. The injured worker's diagnosis included lumbar disc displacement. The injured worker's medication regimen included Prilosec, cyclobenzaprine, gabapentin, nabumetone, and tramadol. The Request for Authorization for 12 chiropractic manipulation sessions was not submitted. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic manipulation sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal of effective manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. Manual therapy and manipulation is recommended for low back pain at a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6 to 8 weeks. According to the clinical documentation provided for review, the injured worker previously participated in chiropractic care; the results of which were not provided within the documentation available for review. There is a lack of documentation related to the injured worker's functional deficits. There is a lack of documentation related to the therapeutic and functional benefit regarding the previous chiropractic care. The guidelines recommend 6 visits over 2 weeks, with evidence of objective functional improvement. A request for an additional 12 chiropractic sessions exceeds recommended guidelines. Therefore, the request for 12 chiropractic manipulation sessions is not medically necessary.