MAXIMUS Federal Services

Case Number:	CM14-0048264		
Date Assigned:	07/02/2014	Date of Injury:	07/08/2008
Decision Date:	09/23/2014	UR Denial Date:	03/12/2014
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 Chiropractics 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 injured worker is a 51-year-old male with a reported date of injury 07/06/08. Mechanism of injury is described as picking up wood chips with a shovel when he suddenly felt a sharp pain in his back. The initial evaluation produced diagnoses of lumbosacral sprain and thoracic sprain. Treatment included prescribed medications, referral for physical therapy and placed on light duty. Six physical therapy visits were completed with a return to full duty work on 08/08/08. He was discharged from care with permanent and stationary (P&S) status on 08/11/08. Chiropractic treatments after the P&S date are noted. The chiropractor's first report of occupational injury or illness reported the patient presented for care on 09/04/2013 with complaints of constant low back pain radiating to bilateral legs. By examination lumbar flexion was reported 60/90, extension 10/30, right lateral flexion 10/20, left lateral flexion 15/20, right rotation 20/30, left rotation 15/30, Milgram's and Kemp's were reported +, and hypertonic dorsal lumbar paraspinal musculature was noted. Diagnoses were noted as 724.4 (radicular syndrome) and 728.85 (lumbar spasm). There was a request for 6 sessions of chiropractic (CMT) and physiotherapy (electrical muscle stimulation, myofascial release, therapeutic exercise and traction table). The chiropractor's PR-2 of 12/16/2013 reports the patient more flexible with less pain and feels better with the adjustments. By examination lumbar flexion was noted 65/90, extension 15/30, right lateral flexion 15/20, left lateral flexion 15/20, right rotation 20/30, and left rotation 20/30. There was a request for 6 chiropractic and physical therapy visits to him further increase range of motion. The patient was on light duty with no lifting greater than 25 pounds. Documentation provided for this review indicates the patient treated with chiropractic care on 09/04/2013, 09/18/2013, 10/09/2013, an undated encounter after 10/09/2014, 12/16/2013, 01/03/2014, 01/27/2014, and 02/26/2014. There is a request for 6 sessions of chiropractic care for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Chiropractic SessionsLumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: The MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. Prior to 09/04/2013, the patient had reportedly treated with chiropractic care but no documentation of such was provided for this review. Chiropractic care was delivered on 09/04/2013, and the chiropractor requested 6 additional treatment sessions. Prior to 12/16/2013, the patient treated with 4 sessions of chiropractic care from 09/04/2013 through an undated encounter after 10/09/2014. There is no documentation of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrences/flare-up, there is no documentation of prior treatment success, and elective/maintenance care is not supported. The request for 6 chiropractic treatment visits exceeds MTUS recommendations and is not supported to be medically necessary.