

Case Number:	CM14-0048934		
Date Assigned:	06/25/2014	Date of Injury:	07/09/2013
Decision Date:	07/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/25/2014

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 Chiropractic 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 patient is a 26 year old female who was injured on 07/09/2013. The mechanism of injury is unknown. The prior treatment history has included 12 sessions of physical therapy diagnostic studies reviewed include MRI of the lumbar spine dated 01/20/2014 revealed dehiscence of the nucleus pulposus with a 1.5 mm posterior disc protrusion at L2-L3, indenting the anterior portion of the lumbosacral sac. The neural foramina appear patent. Lateral recesses are clear. At L4-L5, there is disc dehiscence of the nucleus pulposus with a 2 mm posterior disc protrusion and at L5-S1, there is dehiscence of the nucleus pulposus with a 4 mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac. A progress report dated 01/15/2014 states the patient complained of low back pain that radiates up her back. She reported the medications are not helping but at times, she gets an upset stomach. The patient states that therapy has helped to decrease her pain and increase mobility. The lumbar spine pain is rated as 7/10. On examination of the low back, she has positive paraspinal tenderness. A straight leg raise test is negative. The patient's diagnoses are lumbar spine strain/sprain. The treatment and plan included a urine drug screening, pain management referral, orthopedic referral, acupuncture once a week for 4 weeks, chiropractic twice a week for 4 weeks and topical compound cream. A prior utilization review dated 03/10/2014 states the request for 8-chiropractic therapy session for the lumbar spine is not authorized as guideline criteria/recommendation has failed to be met.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic therapy session for the lumbar 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back / Manipulation.

Decision rationale: The date of injury for this patient is 07/09/2013. The mechanism of injury is documented as a lifting injury. The request is for 8 Chiropractic sessions for a diagnosis of lumbosacral sprain/strain. The records document this patient has received previous acupuncture treatments as well as Chiropractic treatments. The records do not specify how many treatments were utilized nor do they document any specific improvements the patient realized in functional capacity resulting from said treatments. The records also do not outline a specific plan/goal as to what specific clinical objective improvements can be expected with the additional requested chiropractic treatment. The records state a recommendation for a home exercise program for the patient but there is no documentation as to whether or not the patient has been transitioned to a home exercise program. The patient is well beyond the initial 2 week trial allowed by the guidelines. This request for 8 chiropractic visits for the lumbar spine does not meet the CA MTUS guideline recommendations and is therefore not medically necessary.