

Case Number:	CM14-0049673		
Date Assigned:	07/07/2014	Date of Injury:	12/05/2013
Decision Date:	08/06/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 58-year-old male with a reported date of injury on 12/05/2013. The injury reportedly occurred when the injured worker was lifting a pallet, and caused injury to the lumbar spine and left wrist. His diagnoses were noted to include lumbar disc protrusion, lumbar facet hypertrophy, lumbar myospasm, lumbar pain, and lumbar radiculopathy. His previous treatments were noted to include chiropractic care and medications. The progress note dated 03/18/2014 revealed complaints of intermittent moderate, dull, achy, sharp pain and stiffness to the low back, left elbow, and left wrist. The injured worker complained of sleep loss due to pain and indicated he had depression, anxiety, and irritability. The physical examination of the lumbar spine revealed trigger points of paraspinals present to the lumbar spine and the range of motion was noted to be extension to 15 degrees, flexion was to 45 degrees, left lateral bending was to 20 degrees, and right lateral bending was to 20 degrees. There was 3+ tenderness to palpation of the lumbar paravertebral muscles and muscle spasms in the lumbar paravertebral muscles. There was a positive Kemp's and straight leg raise noted. The Request for Authorization form was not submitted within the medical records. The request was for chiropractic treatment 2 times a week for 4 weeks to the lumbar spine to increase range of motion and activities of daily living, and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment two (2) times a week for four (4) weeks: body part: lumbar spine:
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 and manipulation, pages 58-59 Page(s): 58, 59.

Decision rationale: The request for chiropractic treatment 2 times a week for 4 weeks: body part: lumbar spine is non-certified. The injured worker has received previous unknown number of sessions with chiropractic therapy. California Chronic Pain Medical Treatment 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. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The injured worker has received an unknown number of chiropractic sessions and there is a lack of documentation regarding quantifiable objective functional improvements with previous chiropractic treatment. Additionally, the injured worker also had a request for acupuncture and it is unknown if he has received that treatment. Therefore, due to the lack of quantifiable objective functional improvement and the unknown number of previous sessions, and the lack of documentation regarding the adjunct of active treatment with chiropractic care, chiropractic treatment is not warranted at this time. Therefore, the request is not medically necessary.