

Case Number:	CM14-0050126		
Date Assigned:	07/07/2014	Date of Injury:	07/28/2013
Decision Date:	08/01/2014	UR Denial Date:	03/25/2014
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 Board Certified 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 female who reported an injury after lifting a dresser onto an SUV on 07/28/2013. The clinical note dated 06/02/2014 indicated the injured worker reported intermittent pain in the low back described as sharp, throbbing, and aching. The injured worker rated her pain at 3/10. She reported her pain radiated to her right leg and increased with standing, walking, bending, squatting, stooping, kneeling, pushing, pulling, lifting and carrying. The injured worker reported headaches 2 times a week. On physical examination of the lumbar spine, the injured worker had decreased lordosis. The injured worker's range of motion revealed a flexion of 50 degrees, extension of 20 degrees, and bending right and left of 30 degrees. The injured worker had tightness and spasms at the paraspinal musculature. There was hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at the L5 and S1 dermatomal levels bilaterally. The injured worker had weakness in the big toe dorsiflexors and big toe plantar flexors noted bilaterally. There was facet joint tenderness at the L4-5 levels bilaterally. The unofficial MRI scan report dated 09/11/2013 revealed L4-5 mild disc desiccation and degenerative changes. There was a 4 mm central disc protrusion and focus of an annular fissure with mild central canal narrowing with no neural foraminal narrowing, herniated lumbar disc with facet arthrosis L4-5 annular tear with clinical findings for radiculitis/radiculopathy left greater than right. The injured worker's prior treatments included diagnostic imaging, chiropractic treatment for the low back, physical therapy, and medication management. The provider submitted request for chiropractic therapy to the low back. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy to lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, chiropractic treatment, neck, lower back, physical therapy.

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

Decision rationale: The California 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. The amount of chiropractic therapy that has already been completed is not indicated as well as the efficacy of the prior chiropractic therapy. In addition, the request did not specify a time frame for the therapy. Additionally, the provider did not indicate a rationale for the request. Therefore, the request for chiropractic therapy to the lower back is not medically necessary.