

Case Number:	CM14-0051455		
Date Assigned:	07/07/2014	Date of Injury:	06/06/2013
Decision Date:	08/18/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/18/2014

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 Chiropractic, has a subspecialty in Acupuncture 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 female who reported low back pain from injury sustained on 06/06/13 due to slip and fall. MRI of the lumbar spine revealed mild lower lumbar spondylosis with L5-S1 disc bulge. Electrodiagnostic studies of the lower extremity revealed left L5 radiculopathy. Patient is diagnosed with Lumbar spondylosis; lumbar disc bulge and Sciatica. Patient has been treated with medication, physical therapy and home exercise program. Per medical notes dated 11/08/13, patient reports unchanged symptoms; she has band like pain in her low back which radiates down her left leg. Per medical notes dated 01/19/14, patient complains of left hip pain, left leg pain and low back pain. Pain is rated at 8/10 and is localized in the left hip as well as the lateral aspect of the left leg pain with no numbness or tingling. She reports that any activity makes the pain worse. Per medical notes dated 03/08/14, patient complains of low back pain radiating to left lower extremity with numbness and tingling; medication helps with pain about 30-40%. Provider is requesting 6 sessions of chiropractic to help to reduce the pain and improve function and mobility which is within guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1X week X6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): < 58-59>.

Decision rationale: Per MTUS chronic pain medical treatment guideline chiropractic therapy is recommended 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 objectively measureable gain in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. Low Back: Recommended as an option. Therapeutic care-trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if ready to work (RTW) is achieved then 1-2 visits every 4-6 months. Chiropractic care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function. Per medical records submitted for review, medical notes do not indicate previous Chiropractic treatment being administered. Patient complains of low back pain as per guidelines 4-6 treatments are sufficient for initial trial of care. Primary physician is requesting 6 sessions of Chiropractic to help to reduce the pain and improve function and mobility which is within MTUS guidelines. Per review of evidence and guidelines, 6 Chiropractic visits are medically necessary.