

Case Number:	CM14-0052607		
Date Assigned:	07/07/2014	Date of Injury:	11/12/2012
Decision Date:	08/29/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine and Rehabilitation 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 59-year-old male who reported an injury on 11/12/2012 while lifting a crate and it started to slip off his hands and he readjusted it and lifted his end and experienced a sharp shooting pain in his lower back that brought him to his knees. The diagnosis was L5-S1 herniated nucleus pulposus with left lower extremity radiculopathy and with EMG/NCV study evidence of radiculopathy. Past treatments that were reported were epidural steroid injections 11/05/2013 and 02/25/2014 with a 20% improvement in pain. Diagnostic study that was reported was an EMG/NCV. There was no surgical history reported. Physical examination on 03/07/2014 revealed complaints of constant low back pain rated at 8/10 to 8.5/10 with associated numbness and tingling in the bilateral lower extremities, left worse than right. He also had complaints of throbbing pain in his leg. Physical examination revealed paraspinal spasms and tenderness over the lumbar spine. Range of motion was decreased with forward flexion at 45/60 degrees, extension was at 10/25 degrees, right lateral bend was at 10/25 degrees and left lateral bend was 10/25 degrees. Motor strength revealed weakness of the peroneus longus, extensor hallucis longus and gastrocnemius muscles at the 4/5. Medications were Norco, Soma, Motrin and Lyrica. Treatment plan was for 18 sessions of chiropractic treatment for the lumbar spine. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Sessions Of Chiropractic Treatment For The Lumbar Spine: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule states manual therapy and manipulation are 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 objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Recommendations for low back are a therapeutic trial of 6 visits over 2 weeks with evidence of objective functional improvement, with a total of up to 18 visits over 6 to 8 weeks. Previous conservative care modalities were not reported. The request exceeds the recommended treatment of 6 visits initially with documented functional improvement. Due to the fact of unknown previous conservative care modalities the request is not medically necessary.