MAXIMUS Federal Services

Case Number:	CM14-0055208		
Date Assigned:	07/07/2014	Date of Injury:	12/06/2010
Decision Date:	08/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 Care 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 34-year-old male who reported an injury 12/06/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 03/26/2014 indicated diagnoses of low back pain, lumbar degenerative disc disease, lumbar discogenic pain, facet pain at L5-S1, and bilateral S1 radiculitis. The injured worker had a bilateral S1 transforaminal epidural steroid injection dated 01/14/2014. He reported aching in his low back with intermittent tenderness in his thighs bilaterally, posteriorly and anteriorly. The injured worker reported doing regular exercise and reported he had felt pretty good. The injured worker rated his pain without medication 8/10, and with medication 5-7/10. The injured worker reported if he alternated positions by sitting, standing, walking, bending, or lifting, it made his pain condition better. The injured worker reported problems with insomnia and shortness of breath. On physical examination of the lumbar spine, range of motion revealed flexion of 80 degrees, extension of 10 degrees, side bending was somewhat limited to the right, and Achilles reflexes were 1+. The injured worker had tenderness over his lumbar paraspinals. His prior treatments included diagnostic imaging and medication management. A request for authorization dated 04/08/2014 was submitted for chiropractic therapy; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x 6 sessions for the lumbar spine: Upheld

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

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

Decision rationale: 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. It is not indicated whether the injured worker has undergone previous chiropractic treatments and if those treatments were beneficial to the injured worker. Furthermore, the documentation submitted indicated the injured worker was working full time, was doing regular exercises, and felt pretty good. As such, the request is not medically necessary.