

Case Number:	CM14-0057401		
Date Assigned:	07/09/2014	Date of Injury:	12/05/2012
Decision Date:	08/14/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 50-year-old female who reported an injury on 12/05/2012. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar spine sprain/strain. Previous treatments include x-rays, medication, physical therapy, and an MRI. Within the clinical note dated 04/07/2014, it was reported the injured worker reported having had a lumbar sympathetic block on 03/27/2014. She noted she temporarily had no low back pain and decreased right foot pain. Pain had decreased by 50% and she was able to walk more with no medication. Upon the physical examination, the provider noted difficulty with toe/heel walk. The lumbar range of motion was limited by 50%. The provider noted the injured worker had back pain with Patrick's test and a straight leg raise. The provider noted the injured worker had positive tenderness to the right iliolumbar and sacroiliac joint. The provider requested for chiropractic sessions to decrease pain of the low back. The request for authorization was submitted and dated on 04/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of chiropractic therapy to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The injured worker reported temporary 50% relief of pain and the ability to walk more with no medication. The injured worker reported no low back pain and decreased right foot pain. The MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement and 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 the evidence of objective functional improvement a total of 18 visits over 6 to 8 weeks. The request submitted for 8 sessions exceeds the Guideline recommendations of a trial of 6 visits over 2 weeks. The injured workers previous course of physical therapy was not provided for clinical review. There is a lack of documentation regarding a complete and physical examination to evaluate for decreased functional ability, decreased range of motion, and decreased strength or flexibility. Therefore, the request is not medically necessary.