MAXIMUS Federal Services

Case Number:	CM14-0058911		
Date Assigned:	07/09/2014	Date of Injury:	03/06/2014
Decision Date:	08/14/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/29/2014

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 47-year-old female who reported an injury on 03/08/2014. The mechanism of injury was not provided for clinical review. The diagnoses included low back pain, sprain/strain of the lumbosacral spine, and sciatica. The previous treatments include physical therapy and occupational therapy, and medication, and MRI. Within the clinical note dated 04/04/2014, it was reported the injured worker complained of low back pain. She rated her pain at 6/10 in severity. She described her pain as sharp, constant, aggravated by movement, radiating to her left groin and calf, and she had numbness and tingling in the left leg and foot. Upon physical examination, the provider noted the injured worker had tenderness of the musculoskeletal of the thoracic back. The provider noted the injured worker had decreased range of motion of the lumbar back. The injured worker had tenderness, pain, and spasms of the lumbar back. The provider indicated the injured worker had normal sensation and normal strength. The request submitted is for chiropractic sessions. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic 2x wk x 3 wks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for chiropractic sessions 2 times per week times 3 weeks is non-certified. The injured worker complained of back pain. She rated her pain as 6/10 in severity. She described her pain as sharp, constant, aggravated by any movement, and radiating to the left groin and calf. The injured worker complained of numbness and tingling in the left leg and foot. The California MTUS Guidelines recommend manual therapy for chronic pain, if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievment of symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to prodcutive activities. The guidelines recommended a trial of 6 visits over 2 weeks with evidence of objective functional improvement and a total of 18 visits over 6 to 8 weeks. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior course of therapy. The provider failed to document a complete and adequate physical examination to evaluate for decreased functional ability, decreased strength and flexibility. In addition, the submitted request does not specify a treatment site. Therefore, the request is non-certified.