

Case Number:	CM14-0066016		
Date Assigned:	07/11/2014	Date of Injury:	10/03/2013
Decision Date:	08/14/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/09/2014

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 36-year-old female who reported an injury on 10/03/2013 due to tripping while walking. The injured worker had a history of lower back pain with a diagnosis of spondylolisthesis. The diagnostics included an electromyogram, a nerve conduction study with normal findings and an MRI of unknown dates. The past treatment included 12 visits of physical therapy that was dated 11/22/2013 that showed improvement. The objective findings dated 04/14/2014 to the lumbar region revealed forward flexion to 40 degrees, extension of 10 degrees and a straight leg raise that was positive bilaterally. No medications were reported, and the injured worker reported 6/10 pain using the VAS. The treatment plan included a repeat of the electromyogram and a nerve conduction study, along with home exercises and chiropractic therapy. The Request for Authorization dated 06/11/2014 was submitted with the documentation. No rationale was given for the chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 X 6 Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation & Physical Medicine.

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

Decision rationale: The request for chiropractic 2 times 6 for the lumbar is non-certified. The California MTUS Guidelines recommend manual therapy for chronic pain if caused by a musculoskeletal condition and note that 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 injured worker's therapeutic exercise program and a return to productive activities. A trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks for elective/maintenance care is medically not necessary. Recurrent flare ups need to be re-evaluated with successful treatment; if a return to work is achieved, then it would be 1 to 2 visits every 4 to 6 months. Per the documentation, the injured worker received 12 visits or more of physical therapy and the request is for 12 additional visits, which exceeds the recommended amount. The documentation was not evident that the injured worker had any special circumstances that warrant additional physical therapy. The injured worker returned to work on 01/07/2014. The documentation did not provide evidence that the injured worker needed any additional therapy. The request did not indicate the specified length of time being requested. As such, the request is not medically necessary.