MAXIMUS Federal Services

Case Number:	CM14-0068510		
Date Assigned:	07/14/2014	Date of Injury:	02/22/2013
Decision Date:	10/03/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 patient is a 38 year old male with a date of injury of 2/22/2013, according to a progress report dated 2/14/2014. The patient's subjective complaints were lower back constant/frequent, moderate to severe, pain that radiates to the right leg with slight improvement. Mid back constant/frequent, moderate to severe pain and stiffness with slight improvement. Objective findings were moderate to severe palpable tenderness in the lumbar spine, slightly improved range of motion 10/6, ext 8/25, right lateral flexion 5/25, left lateral flexion 8/25, right rotation 5/25, left rotation 5/25, positive Kemp's test, positive SLR and Braggard's tests on the right, as well as positive Bowstring's, Ely's, Milgram's and Valsalva. +3/5 Heel/Toe walk, knee ext. hip flexion. Thoracic spine was less hypertonic in the paraspinals with moderate palpable tenderness. Diagnoses were lumbar spine disc bulge per MRI of 12/30/2013 and thoracic sprain/strain. No mechanism of injury, diagnostic studies or previous history of chiropractic sessions were made available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic with Physiotherapy 2 x week x 4 weeks-lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58.

Decision rationale: Based on the information provided, there is insufficient information and evidence to overturn the previous denial of chiropractic sessions. Although the Dr. notes improvement to some degree in symptoms, range of motion and decrease in pain, there is no indication of past chiropractic treatment number and frequency or other medical intervention. Additionally, it is unknown what specific treatment methods are being used in physiotherapy, exercise programs or chiropractic manipulation. California Medical Treatment Utilization Schedule (MTUS), 2009 Chronic pain pages 58-59 state that there must be measurable functional improvement to support the necessity of future treatment. It is 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. The request is not medically necessary.