

Case Number:	CM14-0070032		
Date Assigned:	07/14/2014	Date of Injury:	12/11/2009
Decision Date:	08/21/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/15/2014

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 Board Certified in Family Medicine and is licensed to practice in North Carolina. 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 59 year-old with a reported date of injury of 12/11/2009 that occurred when pushing a lift gate. The patient has the diagnoses of lumbar radiculopathy, lumbar spondylosis, spinal/lumbar degenerative disc disease, low back pain, sacroiliac pain, hip bursitis, backache and mood disorder. Progress notes from the primary treating physician dated 04/09/2014 states the patient has complaints of back pain radiating to the left leg that is rated a 3.5/10 with medication but a 6/10 without medication. The patient reports ongoing relief with chiropractic treatments. Physical exam noted restricted range of motion in the lumbar spine, paravertebral tenderness to palpation on the left side positive lumbar facet loading on the left side, straight leg test positive on the right side, tenderness over the sacroiliac spine, and SI (Sacroiliac) joint, positive FABER (Flexion In Abduction And External Rotation) test and no neurologic deficits. Treatment plan consisted of continuation of chiropractic treatments, pain medication and TENS (Transcutaneous Electric Nerve Stimulation) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Chiropractic sessions for lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: The California chronic pain medical treatment guidelines section on manual therapy and manipulation states: 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. Manipulation is manual therapy that moves a joint beyond the physiologic Range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective or maintenance care not medically necessary. The patient has already completed 32 sessions of chiropractic care. The request of Twelve (12) Chiropractic sessions for lower back is in excess of recommended guidelines treatment sessions and thus is not medically necessary and appropriate.