

Case Number:	CM14-0072874		
Date Assigned:	07/11/2014	Date of Injury:	03/09/1981
Decision Date:	08/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/20/2014

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 Physical Medicine and Rehabilitation 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 71-year-old male who reported an injury on 03/09/1981. The mechanism of injury was bending and pulling. His diagnoses include lumbar degenerative disc disease and lumbar spinal stenosis. His previous treatments included chiropractic care, physical therapy, and medications. Diagnostic testing performed included x-rays, MRI, and electrodiagnostic studies. Per the clinical note dated 10/23/2013, the injured worker had complaints of low back pain rated at 6/10. On physical examination of the lumbar spine, the physician reported the patient had decreased motor strength to 4/5 in the right tibialis anterior with noted atrophy. His range of motion was flexion to 60 degrees, extension to 30 degrees, and lateral rotation to 25 degrees in either direction. The injured worker was noted to have attended an initial chiropractic visit on 12/30/2013 and a treatment plan was noted for manual therapy, as well as therapeutic exercise. Within the most recent clinical note dated 03/05/2014, the injured worker reported over 65% improvement to his symptoms and elimination of pain medications with chiropractic treatment. On examination of the lumbar spine, the physician reported flexion to 60 degrees, extension to 25 degrees, and normal motor strength in the bilateral lower extremities. However, the physician reported there was significant atrophy in the right leg compared to the left. Treatment plan recommendation was for 8 visits of chiropractic care for spinal decompression. The rationale was not provided in the medical records. The request for authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatment x 8 visits, Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Low Back Procedure Summary (Updated 03/31/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation may be recommended to promote functional improvement and facilitate progression in a therapeutic exercise program and return to productive activities. For treatment of the low back, the guidelines support up to 18 visits with evidence of objective functional improvement after an initial trial. The clinical documentation provided indicated the patient had received 8 prior sessions of chiropractic care, which included exercise, with 65% improvement in symptoms; however, the documentation indicated that his range of motion in flexion had not changed and his extension had worsened after previous treatment. In addition, the injured worker's significant atrophy in the right leg was not noted to have improved with treatment. Therefore, based on the lack of objective functional gains made with previous treatment, additional chiropractic visits are not supported. As such, the request for additional chiropractic treatment x 8 visits, lumbar is not medically necessary and appropriate.