

Case Number:	CM14-0073933		
Date Assigned:	07/16/2014	Date of Injury:	01/06/2014
Decision Date:	08/14/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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 33-year-old male, born on 04/21/1981. He experienced an injury to his lower back on 01/06/2014 when he picked up a box of chickens weighing approximately 40 pounds. He presented for chiropractic care on 01/10/2014 with complaints of lower back pain rated 7/10. Examination findings were reported as: flexion 65, extension 15, left lateral flexion 30, right lateral flexion 20, and bilateral rotation 25; right lumbar paraspinous tenderness to right sacroiliac (SI) joint, non-tender vertebral bodies, deep tendon reflexes (DTR) symmetrical, limited right straight leg raise (SLR), no bending capabilities, and no costovertebral angle (CVA) pain. On 01/10/2014 the diagnoses were noted as lumbar sprain/strain, and there was a request for chiropractic treatment at a frequency of 3 times per week for 3 weeks. On 02/07/2014, chiropractic treatment at a frequency of 2 times per week for 2 weeks was recommended. On 02/12/2014, the patient had completed 9/9 chiropractic treatment sessions and reported 50% improvement. On 02/18/2014, the patient presented reporting a lot of pain on 02/16/2014 and still complaining of midline lumbosacral (L/S) pain levels, though better than 02/16/2014. At that time, the patient was recommended to attend 2 additional chiropractic treatment sessions per week for 2 weeks. On 02/21/2014, the patient had completed 4/4 chiropractic treatment sessions and reported 60-70% improvement and was tolerating advance in work restrictions. On 02/21/2014, the chiropractor discussed the importance of a self-directed home exercise program and trial of full duty. The patient presented to another chiropractor on 04/30/2014. The first report of occupational injury or illness noted the patient presented on 04/30/2014 reporting an injury to his lower back, a history of treating with another chiropractor over 13 sessions, and current status of having returned to full duty. On that date, the patient reported mid and lower back pain of 6-7/10. Examination findings were reported as thoracolumbar range of motion (ROM) to 80%; pain at L5, right SI and lower thoracic; paraspinal muscle tenderness, SLR

negative, McKenzie centralization L5 disc, sensory loss right L5 and S1, and DTR normal. The chiropractor diagnosed lumbosacral sprain/strain and thoracic sprain/strain. Treatment rendered consisted of spinal muscle mobilization and McKenzie exercises, with a recommendation for 8 additional office visits at a frequency of 1-2 times per week. The request for authorization dated 06/02/2014 requests 8 visits of chiropractic treatment (conservative chiropractic, adjunctive physiotherapy, myofascial release, ROM exercise, electrical stimulation, and soft tissue mobilization) at a frequency of 2 times per week for treatment of lumbosacral sprain/strain and thoracic sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conservative chiropractic treatment, including adjunctive physiotherapy, myofascial, ROM exercises, electrical stimulation and soft tissue mobilization, x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 59, 98-99, 46-47, 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise , Manual Therapy & Manipulation , Physical Medicine/Physical Therapy, through Sympathetic Therapy Page(s): 46 & 47 58-60 98 & 99, 121.

Decision rationale: The request for 8 additional chiropractic treatment sessions is not medically necessary. The patient had been treated with 13 chiropractic treatment sessions from 01/10/2014 through 02/21/2014, at which time the patient reported he was tolerating progress towards work with fewer restrictions, and the chiropractor discussed the importance of a self-directed home exercise program and trial of full duty. The patient presented to another chiropractor on 04/30/2014, and there is a request for 8 visits of chiropractic treatment of lumbosacral sprain/strain and thoracic sprain/strain. The MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-59, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not considered medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, and if there is RTW (return to work), the recommendation is for 1-2 visits every 4-6 months. The patient treated with chiropractic care on 13 occasions from 01/10/2014 through 02/21/2014, was returned to full duty and transitioned to a self-directed home exercise program. There is no evidence of a recurrence or flare-up, and elective/maintenance care is not supported by guidelines. Therefore, the request for 8 additional chiropractic sessions is not medically necessary.