

Case Number:	CM14-0077561		
Date Assigned:	07/18/2014	Date of Injury:	02/23/2013
Decision Date:	08/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 25-year-old female. On 02/23/2013, during her employment, she was attempting to lift a tub of silverware when she suddenly experienced low back pain radiating to her left leg. She did not initially report her symptoms to her employer, hoping her condition would improve, however, as she continued to perform her work duties, she continued to experience low back pain radiating to the left leg. The patient was treated with physical therapy on 7 occasions from 04/24/2013 through 05/31/2013. The doctor's first report of occupational injury or illness reports the patient presented on 04/09/2014 with complaints of low back pain radiating to the posterior aspect of the left knee associated with numbness and tingling. Per examination, no evidence of intelligent, standing neutral posture lordotic curvature appeared to be maintained, tenderness to palpation with guarding present over lumbar paraspinal musculature; palpatory tenderness over lumbosacral junction, that sciatic notch and left sacroiliac joint; supine and seated straight leg raise increased low back pain absent radiating leg pain, Yeoman's test and Gaenslen's test positive eliciting pain over the left sacroiliac joint and negative on the right, lumbar flexion 38, lumbar extension 10, right lateral lumbar bending 14, and left lateral lumbar bending 16. Diagnoses were reported as lumbosacral musculoligamentous sprain/strain with left lower extremity radiculitis and left sacroiliac joint sprain. The provider requested authorization for a course of chiropractic manipulative therapy at a frequency of 3 times per week for 4 weeks. She was treated with chiropractic care on 8 occasions from 04/11/2014 through 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulative therapy 3x wk x 4 wks on the lumbar spine QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: This patient was treated with chiropractic care on 8 occasions from 04/11/2014 through 05/06/2014. Submitted documentation does not provide evidence of efficacy with care rendered or evidence of acute exacerbation. The MTUS Chronic Pain Guidelines supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic low back 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. Within the medical records provided for review, there was no documentation of measured objective functional improvement with chiropractic care rendered and no evidence of an acute flare-up and evidence of prior treatment success or a return to work. Therefore, the request is not medically necessary and appropriate.