

Case Number:	CM14-0078809		
Date Assigned:	07/18/2014	Date of Injury:	03/18/2013
Decision Date:	10/01/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/29/2014

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:

According to the available medical records, this is a 29 year old female patient with chronic left knee, low back, mid back and bilateral wrists pain, date of injury is 03/18/2013. Previous treatments is unknown. It is noted that the patient was pregnant when she slipped and fell injuring her knee, low back and wrist. Progress report dated 04/21/2014 by the treating doctor revealed lower back pain which began after the accident, 6/10, constant, aching, dull and deep and radiates into the left buttock and right buttock, the coccyx area is painful as well. The pain is made better by lying down and resting while bending, sneezing, lifting, prolonged sitting, prolonged standing, prolonged walking, daily activities of living, lateral flexions and rotations, moving from laying position to a standing position and moving from a standing position aggravates the condition. The patient also complaint of left knee pain, bilateral wrist pain and mid back pain. Physical examination noted lumbar ROM decreased in all ranges with moderate to significant pain, tender areas in the lumbar region on both sides (grade 3), lumbar musculature hypertonicity, severe trigger points in the erector spinae bilaterally, positive straight leg raise on the left with localized low back pain, positive Kemp's bilaterally, positive Patrick-Fabere on the left, positive Milgram's test, positive Ely's bilaterally, tenderness in the sacral spine on both sides, increased muscle tone in the gluteus bilaterally with trigger point, bilateral SI joint discomfort and tender, tender areas in th thoracic region, thoracic musculature hypertonic on both sides, trigger points in the erector spinae and trapezius on both sides, paravertebral muscle tenderness. Diagnoses include lumbar facet syndrome, thoracalgia myofascitis, lumbar myofascitis, lumbar muscle spasm, thoracic myalgia, thoracic muscle spasm, muscle spasms on bilateral buttocks and left knee tenosynovitis. The patient remained on temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Chiropractic Therapy for Lumbar Spine, 2 x a week for 3 weeks = 6 Total:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back

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

Decision rationale: The patient presented with chronic low back pain that results from a slipped and fall injury more than a year ago. However, she was pregnant and so there was limited therapeutic intervention available. While CA MTUS guidelines recommend a trial of 6 chiropractic treatments over 2 weeks for chronic low back pain, with evidences of objective functional improvement, total up to 18 visits over 6 to 8 weeks. The request for 6 Chiropractic Therapy is within the guidelines and therefore, is medically necessary.