

Case Number:	CM14-0081356		
Date Assigned:	07/18/2014	Date of Injury:	12/10/2012
Decision Date:	08/27/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 injured worker is a 62-year-old female, born on [REDACTED]. On 12/10/2012, she was holding the hand of a student who pulled away from her and caused her to fall on her right side. She developed pain in the low back and right hip and has been treated with medications, pain injection, physical therapy, chiropractic adjustment, and acupuncture. By 05/23/2013, she had completed six (6) chiropractic visits with low back pain rated 5/10 and at its worst 8/10. The chiropractor's first report of occupational injury or illness reports the patient presented on 01/07/2014 with constant, moderate pain in her low back with radiating pain in the right hip and groin. By examination 01/07/2014 lumbar flexion was 75/90, extension 15/30, right lateral flexion 10/20, left lateral flexion 15/20, right rotation 15/30, and left rotation 20/30. There was moderate/severe quadratus lumborum myospasm with joint fixation at L3/4, L4/5 and L5/S1, and positive straight leg raise and braggard's tests bilaterally. Diagnosis of lumbosacral sprain with sciatic neuralgia was noted. The treatment plan recommended chiropractic care at a frequency of three (3) times per week for four (4) weeks and was approved on 01/09/2014. The RFA of 05/05/2014 requested chiropractic therapy at a frequency of two (2) times per week for two (2) weeks (4 visits total). The chiropractor's report with date examination of 02/14/2014 indicates the patient noted 20% improvement in low back pain and 30% improvement in joint stiffness. She continued to describe frequent, moderate pain with pain radiating into her right buttock with symptoms worse with prolonged standing and walking more than 30 minutes, and over the counter pain medication and back support provided minimal relief. By examination on 02/14/2014, lumbar bilateral lateral flexion was reported improved and moderate lower lumbar rotation restriction associated with right quadratus lumborum spasm was noted. The patient was diagnosed with lumbosacral sprain with sciatic neuralgia. Chiropractic treatment at a frequency of two (2) times per week for four (4) weeks was approved on 02/24/2014. The chiropractor's

report with exam date of 04/30/2014 indicates decreased frequency and intensity of pain and stiffness, and she no longer took pain medication. She described low back pain as intermittent, slight/moderate, and worse with bending over and rotation. By examination on 04/30/2014, lumbar bilateral lateral flexion motion was reportedly improved, and there was slight L4-S1 joint fixation associated with slight bilateral quadratus lumborum and gluteus myospasm. The treatment plan indicated chiropractic visits at a frequency of two (2) times per week for two (2) weeks, and the patient was to remain off work until 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment two (2) times a week for two (2) weeks for the lumbosacral spine:
Upheld

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

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

Decision rationale: The MTUS supports a trial of up to six (6) visits of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement during the six (6) visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if returned to work then, 1-2 visits every 4-6 months. By 05/23/2013, she had completed six (6) chiropractic visits. Chiropractic treatment at a frequency of three (3) visits per week for four (4) weeks was approved on 01/09/2014, and chiropractic treatment at a frequency of two (2) times per week for four (4) weeks was approved on 02/24/2014 (26 total visits). There is no documentation of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, and elective/maintenance care is not supported; therefore, the request for four (4) additional chiropractic treatment visits exceeds the MTUS recommendations and is considered to be not medically necessary.