MAXIMUS Federal Services

Case Number:	CM14-0083406		
Date Assigned:	07/21/2014	Date of Injury:	02/08/2012
Decision Date:	09/08/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/05/2014

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 Occupational Medicine and is licensed to practice in California and Hawaii. 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:

This patient is a 61 year old male employee with a date of on injury 2/8/2012. Medical records indicate that the patient persists with progressive low back pain since 1982 with resulting bilateral hip replacement (2/12/2013 and 4/19/2013). Diagnosis includes Lumbrosacral Disk Disease without evidence of clinical radiculopathy, and Lumbar segmental dysfunction with spasms, probable lumbar radiculopathy left side. Subjective complaints noted 2/4/2014 and 4/11/14 include low back and leg pain that are aggravated with movement or various activities. Objective findings noted 2/4/2014 and 4/11/14 remained unchanged with "painfully restricted lumbar ranges of motion with mild to moderate pain on flexion and extension, palpable spasms and tenderness in the lower back with motion restriction in the lower lumbar intervertebral motor units. Treatment since 6/25/12 has included therapy up to 3 times a week for 6 weeks. A physician's report on 1/8/2014 indicated at least 25 therapy visits. The utilization review dated 5/8/2014 non-certified the decision for Chiropractic treatment for the lumbar spine date of service 4/11/14 due to excessive use of treatment as per ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lumbar spine date of service 4/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Chiropractic, Manipulation.

Decision rationale: ODG recommends Chiropractic treatment as an option for acute low back pain, but additionally clarifies that "medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated." Additionally, MTUS states "Low back: Recommended as an option. Therapeutic care- Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective /maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if return to work (RTW) achieved then 1-2 visits every 4-6 months." Medical documents indicate that patient has undergone approximately 20+ chiropractic sessions, which would not be considered in the 'trial period' anymore. The treating provider has not demonstrated evidence of objective and measurable functional improvement from the most recent comparable progress notes that would warrant continued chiropractic treatments per guidelines. Additionally, the lack of documented treatment success does not support continued recurrent treatment for flare-ups. As such, the request for Chiropractic treatment for the lumbar spine date of service 4/11/14 is not medically necessary.