

Case Number:	CM14-0084767		
Date Assigned:	07/21/2014	Date of Injury:	07/15/2012
Decision Date:	08/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 39 year old female who sustained an injury to her low back on 07/15/12 while pushing and lifting a passenger at work. Initial comprehensive orthopedic evaluation dated 04/08/14 reported that the patient had low back pain radiating into the right leg down to her big toe. She had some physical therapy, chiropractic and acupuncture treatments. Chiropractic care provided some relief, but the pain kept coming back. The pain was 5/10 on the visual analogue scale (VAS). Physical examination noted able to heel toe walk and squat; back showed no listing; increased pain on flexion/extension; sensation intact to light touch; motor strength 5/5 throughout; straight leg raise positive in the bilateral lower extremities. Plain radiographs revealed disc height loss at L4 with some neural foraminal narrowing. The injured worker was on light duty. The recommendation was to have the injured worker complete more chiropractic to see if it will provide more long term relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits 1X week X 12 weeks low back.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request for chiropractic visits 1 x week x 12 weeks for the low back is not medically necessary. Previous request was denied on the basis that the number of completed therapy visits was not documented in the clinical records submitted. Therefore, the request for additional chiropractic therapy could not be indicated as medically appropriate. The CAMTUS recommends a trial of six visits over two weeks, with evidence of objective functional improvement, a total of 18 visits over six to eight weeks maybe authorized. There was no additional information provided that would indicate the amount of chiropractic visits the injured worker had completed to date. It was further noted that that previous chiropractic manipulation treatment for the low back provided only short term benefit. There was no additional significant objective clinical information provided for review that would support the need to exceed CAMTUS recommendations, either in frequency or duration of chiropractic manipulation visits. Given this, the request for chiropractic visits 1 x week x 12 weeks for the low back is not indicated as medically necessary.