

Case Number:	CM14-0085928		
Date Assigned:	07/23/2014	Date of Injury:	08/27/2007
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 53 year-old male who reported an injury on 08/27/2007. The mechanism of injury was noted to be sawing wood. His diagnoses were cervical, thoracic, and lumbar spine multilevel disc protrusions. Conservative care includes prior treatments of physical therapy, home exercise, chiropractic care, and medications. The injured worker had a clinical evaluation on 05/09/2014. He was noted to have some subjective complaints of lower back pain radiating down his right leg. He notes chiropractic care helped with symptoms. He rated his pain a 5/10 to 6/10 in his lower back and hip. He states Tramadol is taken 2 to 3 times a day, and Robaxin twice a week. The objective examination noted lumbar spine flexion at 80 degrees, extension 20 degrees, lateral flexion 30 degrees bilaterally, left straight leg raise 65 degrees, and right straight leg raise 45 degrees. Reflexes were noted to be 1+ on the right. Lumbar spine MRI results were dated 03/27/2014, revealing new annular tear at L3-4. The cervical spine flexion was positive chin to chest, extension 50 degrees, rotation 65 degrees bilaterally, and lateral flexion 30 degrees bilaterally. The treatment plan was for additional chiropractic sessions. In addition, the treatment plan recommended an EMG/NCV of bilateral lower extremities to rule out right L4 radiculopathy due to decreased patellar reflexes, with radicular pain in the right lower extremity. The provider's rationale was noted within the treatment plan. A Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Visits 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend massage therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion, but not beyond the anatomic range of motion. Manual therapy is recommended as an option for low back pain. If therapeutic care is the goal, the guidelines provide a trial of 6 visits over 2 weeks; with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The guidelines state manual therapy and manipulation is recommended for chronic pain caused by musculoskeletal conditions not medically necessary. For recurrences/flare-ups, the guidelines state a need to re-evaluate treatment success, if return to work is achieved, then 1 to 2 visits every 4 to 6 months. The documentation presented for review does not indicate a return to work achievement. It is not noted how many sessions have been provided to the injured worker. In addition, the documentation fails to provide objective functional deficits. As such, the request for additional Chiropractic Visits 2 times a week for 3 weeks is not medically necessary.