MAXIMUS Federal Services

Case Number:	CM14-0091049		
Date Assigned:	09/10/2014	Date of Injury:	03/31/2008
Decision Date:	09/30/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/16/2014

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:

The injured worker is a 62-year old female with a date of injury of 03/31/2008. While employed as a Patient Care Attendant, the patient was assisting a client who fainted while using a walker. The patient pulled the client by her shirt to keep her from falling, and the patient felt immediate pain in her neck and back. The patient underwent lumbar spine magnetic resonance imaging (MRI) study on 07/24/2013 with the impressions noted as: 1. Degenerative changes in the lumbar spine, but no significant spinal canal stenosis, lateral recess stenosis, or neural foraminal narrowing. 2. Facet arthropathy at the L2-L3, L3-L4, and L4-L5 levels. 3. Mild levoscoliosis of the lumbar spine with the apex centered at the L2 level and with a Cobb angle of 9°, and 4.12 mm simple exophytic cyst arising from the inferior pole of the right kidney. A return orthopedic consultation on 11/22/2013, the patient reported increased pain in bilateral arms and fingers, and neck pain. The Primary Treating Physician's Initial Evaluation Report of 12/16/2013 notes the patient presented on the same date with complaints of 8/10 neck pain and 9/10 low back pain. No measured subjective or objective data are reported, and chiropractic to the cervical and lumbar spines was recommended at a frequency of 2 times per week for 6 weeks. The medical provider's PR-2 of 03/05/2014 indicates the patient complained of increased low back pain and neck pain since last visit. No measured subjective or objective data are reported. Diagnoses are reported as cervicalgia, lumbago and lumbar radiculitis/neuritis. The treatment plan included chiropractic at a frequency of 2 times per week for 4 weeks to the lumbar spine. The request for authorization for Medical Treatment (DWC for RFA) of 04/30/2014, requests authorization for chiropractic care and treatment of lumbago and lumbar radiculitis at a frequency of 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy to Lumbar Spine 2 x week for 4 weeks: Upheld

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

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

Decision rationale: The request for Chiropractic Visits to the Lumbar Spine at a frequency of 2 times per week for 4 weeks (8 visits total) is not medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks 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 with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. If the patient has treated with prior chiropractic care, there is no evidence of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrence/flare-up, there is no measured documentation of prior treatment success, and elective/maintenance care is not supported; therefore, the request for 8 visits of chiropractic care is not medically necessary.