MAXIMUS Federal Services

Case Number:	CM14-0097134		
Date Assigned:	07/28/2014	Date of Injury:	09/19/2013
Decision Date:	08/28/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/25/2014

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 patient is a 34-year-old male born on 06/15/1979. The patient injured his back while lifting at work on 09/19/2013, but specific biomechanical history of the injury were not provided for this review. The patient presented for medical examination on 12/05/2013 reporting a work-related back injury while lifting on 09/19/2013. He continued working until 10/03/2013 at which time he stopped because of radicular pain down the left leg and left foot weakness. On 12/05/2013, the patient reported lumbar spine pain with radicular dysesthesia down the left buttock and to the left posterolateral leg to the foot, which was numb. Pain was rated at least 3/10 but could increase to 10/10 with activity. Examination on 12/05/2013 revealed lumbar flexion to 60, palpable paraspinal muscle spasm, straight leg raising positive on the left with radicular pain down the leg and 80 and negative on the right at 90, 5/5 strength in the right lower extremity and proximal left lower extremity, distal left lower extremity calf weakness, visible and measurable left calf atrophy of 3/4 compared to right, patient walked with an antalgic gait involving left leg, and DTRs +2 at the patellae, +2 at the right ankle and absent at the left ankle. A reviewed MRI scan of the lumbar spine revealed a large L5-S1 disc herniation with a fragment over the sacrum within the left lateral recess extending over the S1 segment. The patient was determined a surgical candidate for left L5-S1 micro discectomy. The patient underwent left L5-S1 micro discectomy on 01/10/2014. On 03/04/2014, the medical provider requested authorization for physical therapy at a frequency of 2 times per week for 6 weeks. The patient began physical therapy on 03/28/2014 and completed his 9th of 12 requested PT visits on 04/25/2014 with decreased low back pain, and the patient reported he was compliant with a home exercise program. In an undated letter authored by the patient, he reported, my doctor knew work comp had not extended my remaining three visits with physical therapy so he ordered chiropractic. In medical follow-up on 05/28/2014, the patient continued with back and left calf pain. The

physician reported, He has had physical therapy, 9 treatments, apparently his authorization ran out so he was unable to complete the therapy session of 12. By examination, left calf weakness was improving and lumbar flexion 50 to 60, which was better than he could 6 weeks ago. The physician reported the exercises the patient was performing at home were beneficial. The medical provider requested authorization for chiropractic therapy at a frequency of 2 times per week for 6 weeks for a total of 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: The request for chiropractic treatment at a frequency of 2 times per week for 6 weeks (12 visits total) is not supported to be 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 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. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. There is no documentation of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation; therefore, the request for chiropractic treatment at a frequency of 2 times per week for 6 weeks (12 visits total) exceeds guidelines recommendations in both frequency and duration and is not supported to be medically necessary.