

Case Number:	CM13-0005617		
Date Assigned:	03/03/2014	Date of Injury:	04/24/1994
Decision Date:	01/27/2015	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/01/2013

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 Orthopedic Surgery, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in Ohio. 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 63-year-old female who reported an injury on 07/28/2008. The mechanism of injury was cumulative trauma due to repetitive motions while at work. Her diagnoses include lumbar or lumbosacral intervertebral disc, a flexion of the shoulder region, carpal tunnel syndrome and mononeuritis multiplex. Diagnostic studies included an MRI of the thoracolumbar spine and cervical spine. Her medications included ibuprofen 800 mg as needed, alprazolam 20 mg daily and Celebrex 200 mg daily. On 11/18/2014, the injured worker indicated to have pain to the back and right leg on a VAS of 8/10. A functional restoration progress note for January 5 - 8, 2015 indicated, the injured worker had failed other therapies, medications and a home exercise program. Physical evaluation indicated increased fear of movement, and myofascial stress patterns, decreased activities of daily living and functional impairments. Her physical impairments were noted as trunk range of motion flexion/extension 50%/10%, core strength 10%, pelvic mobility 10%, range of motion of the hip internal/external rotation left/right 50%/60% and hip flexion/extension left/right was 50%/60%. The progress made by the injured worker was indicated as significant. The treatment plan was not included. No rationale was provided within the documentation. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic visits for the lumbar spine, 3 times a week for 2 weeks as an outpatient:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for 6 chiropractic visits for the lumbar spine, 3 times a week for 2 weeks as an outpatient is medically necessary. In accordance with the California MTUS, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. It is recommended for the low back a trial of 6 visits over 2 weeks with evidence of objective functional improvement, can be extended to 18 visits over 6 to 8 weeks. The injured worker had complaints of pain to the lower back and right leg. Additionally a functional restoration progress note documented functional deficits, with significant improvements. As such, the request for 6 chiropractic visits for the lumbar spine, 3 times a week for 2 weeks as an outpatient is medically necessary.