

Case Number:	CM14-0186385		
Date Assigned:	11/14/2014	Date of Injury:	04/21/2014
Decision Date:	01/05/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/10/2014

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 a licensed Chiropractor & Acupuncturist, 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 49 year old male who reported low back pain from injury sustained on 04/21/14. Patient was descending stairs at when he jammed the right lower extremity on the last step and twisted the back. MRI of the lumbar spine revealed 2mm left disc protrusion with mild to moderate left sided neuroforaminal stenosis at L3-4 with impingement on L3 nerve; at L4-5 there is 7mm disc protrusion causing stenosis and impingement in bilateral L5 nerve root at L5-S1, 2-3mm disc bulge and decreased disc height. Patient is diagnosed with lumbar spine sprain/strain with bilateral leg radiculopathy and SI joint sprain. Patient has been treated with medication, physical therapy, home exercise program and Chiropractic. Per chiropractic notes dated 08/13/14, patient was able to complete all exercises; pain is rated at 4/10 and is constant. Per medical notes dated 09/12/14, patient complains of low back pain with radiculopathy, right lower extremity numbness and tingling. Pain is rated at 5/10 and patient. He completed 6 chiropractic visits with benefit, increased function and activities of daily living. Examination revealed tenderness to palpation and decreased range of motion. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro two times a week for three weeks (lower 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 and Manipulation Page(s): 58-59.

Decision rationale: Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation pages 58 and 59. "Recommended 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 objectively measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Per medical notes dated 09/12/14, he completed 6 chiropractic visits with benefit, increase in function and activities of daily living. Provider requested additional 2X3 chiropractic sessions for lumbar spine. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 2x3 Chiropractic visits are not medically necessary.