MAXIMUS Federal Services

Case Number:	CM14-0188541		
Date Assigned:	11/18/2014	Date of Injury:	11/04/2013
Decision Date:	01/06/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/08/2014

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 licensed 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 38-year old female who sustained a work related injury November 4, 2013. At that time, the chief complaint was low back, right foot and ankle pain with treatment including NSAID, muscle relaxants, physical therapy, and acupuncture. According to the primary treating physician's progress report, dated 8/13/2014, the injured worker presented with complaints of persistent back and right foot pain. The pain is described as moderate 3-4/10. Currently she is receiving Relafen for pain, undergoing treatment with a physiatrist for pain management, and has received 2 of 4 acupuncture treatments. Physical examination reveals; right lower extremity tender to palpation lateral malleolus right ankle and 4th and 5th metatarsal region right foot and gait is normal. X-rays of the right foot and ankle reveal no acute process. The diagnoses are documented as; lumbar muscle strain, sprain or strain of the right foot and right ankle sprain. The treatment plan included; continue acupuncture, Relafen, and physiatrist follow-up. Work status listed as full duty. According to the doctor's first report of occupational injury or illness, dated 9/26/2014, the injured worker presented feeling sudden pain in the waist after putting a delivery away. The treating physician describes; lower back pain with radiation down the right leg and right foot. The diagnoses are; lumbar intervertebral disc disorder (IVD) syndrome, lumbago, lumbar strain, and spasm of the muscles with recommendations for chiropractic and physiotherapy. On October 28, the primary treating physician documents the injured worker has completed 6 chiropractic visits which have helped. Pain is 3/10 intermittently, radicular pain has almost resolved, and not taking pain medications routinely. An MRI, dated 1/8/2014 is documented as; mild degenerative disease, L4-5 diffuse bulge measuring 1-2mm effacing the anterior thecal sac, mild central canal stenosis, narrowing of the lateral recess without foraminal stenosis, L5-S1 broad base disc protrusion, measuring 4mm and posterior annular tear, mild to moderate central canal stenosis with narrowing of lateral recesses

and mild bilateral foraminal stenosis. An MRI report dated 1/8/2014 is not part of this case file. Diagnoses documented as lumbar muscle strain, chronic low back pain and lumbar degeneration. Treatment plan includes; local ice and moist heat, Bengay or Icy Hot, continue home exercise plan, and request for an additional 6 sessions of chiropractic care 1-2 times a week for 3-4 weeks lumbar spine. Work status documented as return to full duty. According to utilization review performed November 7, 2014, the medical history and clinical documentation do not objectively support additional chiropractic treatment. There is no evidence that the injured worker is unable to complete an independent home exercise plan and the medical necessity of this plan is not clearly demonstrated. Therefore, citing MTUS manual therapy & manipulation guidelines, the request for an additional 6 sessions of chiropractic care is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic care, 6 sessions, 1-2 times a week for 3-4 weeks, lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The claimant presented with chronic low back pain. Previous treatments include medications, acupuncture, physical therapy, chiropractic, and home exercise program. Reviewed of the available medical records showed the claimant has completed 6 chiropractic treatments with evidences of functional improvement. It is noted in the progress report dated 10/28/2014 by the treating doctor that pain level is down, radicular pain almost resolved, pain medications reduced, and objective findings also revealed no more tenderness and ROM improved compared to those findings on progress report dated 08/13/2014 before the claimant received chiropractic treatments. Based on the guidelines cited, the request for additional 6 chiropractic treatment is medically necessary.