

Case Number:	CM14-0189046		
Date Assigned:	11/19/2014	Date of Injury:	02/08/2005
Decision Date:	01/08/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/12/2014

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, has a subspecialty in Acupuncture 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:

This is a 59 year old male with a work related injury dated 02/08/2005. Mechanism of injury was not noted in the received medical records or in the Utilization Review report. According to a Physician's Progress Report dated 10/02/2014, the injured worker presented with complaints of constant sharp, stabbing, burning, and radiating pain in the lower back. Diagnoses included lumbar radiculopathy, lumbar disc displacement, and low back pain. Treatments have consisted of ice, heat application, and non-steroidal anti-inflammatory drugs, in which pain has not improved. An epidural steroid injection received over 2 years ago provided greater than 50% relief. Diagnostic testing included electromyography, nerve conduction velocity test, x-rays, and MRI. MRI of the Lumbar Spine was noted on 11/02/2010 which showed a 5-6mm midline protrusion of the nucleus pulposus at L2-3 disc level. Electromyography and nerve conduction velocity studies revealed evidence of mild acute L5 radiculopathy on the left. Work status is noted as disabled. On 10/23/2014, Utilization Review modified the request for Chiropractic care for the lumbar spine (1 time per week for 6 weeks) to Chiropractic 6 visits over 2 weeks, Lumbar citing Medical Treatment Utilization Schedule Chronic Pain Guidelines. The Utilization Review physician stated the Guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the lumbar spine (1 time per week for 6 weeks): Upheld

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

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 Guidelines - Manual therapy and manipulation Page 58-59. "Recommended for chronic pain if caused by musculoskeletal conditions. 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. Patient has not had prior chiropractic treatments. On 10/23/2014, Utilization Review modified the request for Chiropractic care for the lumbar spine (1 time per week for 6 weeks) to Chiropractic 6 visits over 2 weeks, Lumbar citing Medical Treatment Utilization Schedule Chronic Pain Guidelines. Therefore, the Utilization Review decision was appealed for an Independent Medical Review. Per MTUS guidelines Low Back: Recommended as an option; therapeutic care- trial of 6 visits over 2 weeks, with Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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 guidelines and review of evidence, 1 x 6 Chiropractic visits are not medically necessary.