

Case Number:	CM14-0194884		
Date Assigned:	12/02/2014	Date of Injury:	10/05/1992
Decision Date:	01/14/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/20/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 57-year-old male with a 10/5/92 date of injury. At the time (8/5/14) of request for authorization for 4 chiropractic manipulation with electrical stimulation and intersegmental traction and 1 AP/LAT lumbar x-ray (2 views), there is documentation of subjective (low back pain) and objective (decreased lumbar spine range of motion with pain, tenderness over the lumbar area, and positive bilateral Kemp's test) findings, current diagnoses (lumbar intervertebral disc syndrome and lumbosacral sprain/strain), and treatment to date (medications and chiropractic therapy). Regarding 4 chiropractic manipulation with electrical stimulation and intersegmental traction, the number of previous chiropractic therapy sessions cannot be determined. Regarding 1 AP/LAT lumbar x-ray (2 views), there is no documentation of of a diagnosis/condition (with supportive subjective/objective findings) for which lumbar x-rays are indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 chiropractic manipulation with electrical stimulation and intersegmental traction:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: California MTUS reference to ACOEM identifies documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits, as criteria necessary to support the medical necessity of additional chiropractic treatment. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a total of up to 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of lumbar intervertebral disc syndrome and lumbosacral sprain/strain. In addition, there is documentation of previous chiropractic therapy treatments, functional deficits, and functional goals. However, there is no documentation of the number of previous chiropractic therapy sessions and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of objective improvements. Therefore, based on guidelines and a review of the evidence, the request for 4 chiropractic manipulation with electrical stimulation and intersegmental traction is not medically necessary.

1 AP/LAT lumbar x-ray (2 views): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Radiography (x-rays).

Decision rationale: California MTUS reference to American College of Occupational and Environmental Medicine (ACOEM) identifies documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery, as criteria necessary to support the medical necessity of lumbar spine x-rays. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which lumbar x-rays are indicated [such as: lumbar spine trauma (pain, tenderness, neurological deficit, seat belt (chance) fracture); uncomplicated low back pain (trauma, steroids, osteoporosis, over 70; suspicion of cancer, infection); myelopathy (traumatic, infectious disease patient, and/or oncology patient)] to support the medical necessity of lumbar x-rays. Within the medical information available for review, there is documentation of diagnoses of lumbar intervertebral disc syndrome and lumbosacral sprain/strain. However, despite documentation of subjective (low back pain) and objective (decreased lumbar spine range of motion with pain, tenderness over the lumbar area, and positive bilateral Kemp's test) findings, there is no

documentation of a diagnosis/condition (with supportive subjective/objective findings) for which lumbar x-rays are indicated [lumbar spine trauma (pain, tenderness, neurological deficit, seat belt (chance) fracture); uncomplicated low back pain (trauma, steroids, osteoporosis, over 70; suspicion of cancer, infection); myelopathy (traumatic, infectious disease patient, and/or oncology patient)]. Therefore, based on guidelines and a review of the evidence, the request for 1 AP/LAT lumbar x-ray (2 views) is not medically necessary.