

Case Number:	CM14-0202531		
Date Assigned:	12/15/2014	Date of Injury:	04/21/2014
Decision Date:	02/13/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/03/2014

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 Chiropractor (DC) 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 49 year old male who sustained a work related injury on April 21, 2014. The injury occurred when he jammed his right lower extremity on the last step while he was descending a flight of steps and twisted his back. The injured worker complained of sharp low back pain which radiated into the right leg. An MRI of the lumbar spine dated May 23, 2014 was performed and revealed a left disc protrusion with mild to moderate left-sided neuroforaminal stenosis at the lumbar three to lumbar four levels with impingement on the lumbar three nerve root. At the lumbar five to sacral one level there was also a disc bulge and decreased disc height. Treatment has included pain management, a home exercise program, physical therapy visits, a lumbar spine support, an Interferential Unit and chiropractic therapy. The claimant was authorized 6 chiropractic treatments. Work status was temporarily totally disabled. On October 2, 2014 the claimant underwent a panel qualified medical evaluation with [REDACTED] for complaints of occasional sharp right worse than left low back pain with associated numbness to the right lower extremity all the way to the foot. The pain increased to constant with prolonged sitting, bending or twisting. Physical examination of the lumbar spine revealed decreased range of motion with pain noted during all extremes of the range of motion testing. Lower extremity range of motion was normal and did not elicit pain. Gait was normal. Kemp's test was positive bilaterally, Lasegue's maneuver and a straight leg raise were positive on the right. The determination was that the claimant was not at maximum medical improvement and would benefit from additional chiropractic treatment. A chiropractic report dated October 28, 2014 notes that the injured worker was able to complete all exercises twenty times to the lumbar spine. Pain level of the lumbar spine was noted to be six out of ten on the Visual Analogue Scale. The treating physician request additional chiropractic manipulation two times a week for three weeks to increase range of motion, strength, stabilization and function. Utilization Review evaluated

and denied the request for additional chiropractic manipulation on October 31, 2014. Utilization Review denied the request for additional chiropractic manipulation due to MTUS Chronic Pain Medical Treatment Guidelines which recommend six visits over two weeks with evidence of objective functional improvement. In this case there is lack of documentation of objective improvement with the present treatment and objective measures were not noted. Therefore, the request for additional chiropractic manipulation is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, twice weekly for three weeks: Overturned

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 manipulation Page(s): 58.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines, page 58, give the following recommendations regarding manipulation: "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." The claimant underwent a course of 6 treatments with overall improvement. Pain levels decreased from 8/10 to 4/10 on the visual analogue scale. The 9/12/2014 orthopedic report indicated that the claimant "completed 6 chiro with benefit and increased functional ADLs." The claimant underwent a qualified medical evaluation on 10/2/2014 where was opined that the claimant was not at maximum medical improvement and would benefit from additional chiropractic treatment. Given the improvement noted as a result of the initial treatment, the recommendation from the QME, and consistent with medical treatment utilization schedule guidelines, the request is medically necessary.