

Case Number:	CM15-0003441		
Date Assigned:	01/14/2015	Date of Injury:	12/30/2013
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 46-year-old female, with a reported date of injury of 12/30/2013. The diagnoses include lumbar spine herniation, with right-sided radiculopathy and L4-L5 herniated disc and stenosis. Treatments have included oral pain medications, chiropractic therapy, and eighteen (18) physical therapy sessions, bilateral L4-5 neurogram and epidurogram on 08/14/2014. The orthopedic re-evaluation report dated 11/19/2014 indicates that the injured worker finished her therapy approximately one week prior, and was currently undergoing home exercise. She complained of some right-sided low back pain with occasional cramps for a few weeks. The injured worker noticed improvement with therapy, with less frequent and less intense leg pain. The physical examination showed a normal gait; right-sided lumbar paraspinal muscle spasms; tenderness in the L4-S1 region; positive straight leg raise on the right with radiation into the L5 distribution; flexion at 50 degrees; extension at 10 degrees; and pain greater with flexion than extension. The reason for the additional chiropractic therapy and the total number of chiropractic visits made were not included in the medical records. On 12/16/2014, Utilization Review (UR) denied the request for chiropractic therapy two (2) times a week for four (4) weeks for the lumbar spine, noting that there were minimal clinical findings. The MTUS Chronic Pain Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy two times a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Manual therapy and evaluation are 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 objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect - 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case the patient has just completed 18 physical therapy visits. There is no documentation of objective evidence of functional improvement. In addition the requested 8 visits surpasses the recommended number of 4-6 needed to produce effect. The request should not be authorized.