

Case Number:	CM15-0022222		
Date Assigned:	02/11/2015	Date of Injury:	06/23/2014
Decision Date:	03/25/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/05/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female with an industrial injury dated 06/23/2014. Her diagnoses include lumbar strain/sprain and lumbar radiculopathy. Recent diagnostic testing has included a MRI (08/22/2014) showing multilevel degenerative changes in the L4-L5 and L5-S1 levels with disc facet disease. Previous treatments have included medications, activity restrictions, and previous chiropractic treatments. In a progress note dated 01/14/2015, the treating physician reports persistent moderate to severe low back pain that radiates to the bilateral lower extremities, and pain in the left shin region. The objective examination revealed tenderness to palpation of the thoracic spine, tenderness to the lumbar spine with myospasms in the paravertebral musculature, tenderness in the left leg with motor weakness, positive straight leg raise on the right, and restricted range of motion in the lumbar spine. The treating physician is requesting 8 chiropractic visits which were modified by the utilization review. On 01/22/2015, Utilization Review modified a request for 8 outpatient chiropractic visits for the lumbar region (2 sessions per week for 4 weeks) to the approval of 6 outpatient chiropractic visits for the lumbar region, noting the due to the date of injury, current findings on examination and the ongoing complaints there is clinical indication to treat this degenerative process that is not a function of the mechanism of injury. The MTUS Guidelines were cited. On 02/05/2015, the injured worker submitted an application for IMR for review of 8 outpatient chiropractic visits for the lumbar region (2 sessions per week for 4 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Outpatient Chiropractic Visits for The Lumbar Region, 2 Sessions Per Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 58-60. Decision based on Non-MTUS Citation Low back; physical medicine

Decision rationale: ODG recommends chiropractic treatment as an option for acute low back pain, but additionally clarifies that “medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated.” Additionally, MTUS states “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. Elective /maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months.” Medical documents do indicate that patient has prior chiropractic treatments. The treating provider has not demonstrated evidence of objective and measurable functional improvement during or after the trial of therapeutic care to warrant continued treatment. As such, the request for 8 Outpatient Chiropractic Visits for The Lumbar Region, 2 Sessions Per Week for 4 Weeks is not medically necessary.