MAXIMUS Federal Services

Case Number:	CM14-0017428		
Date Assigned:	08/18/2014	Date of Injury:	04/09/2013
Decision Date:	10/02/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/11/2014

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, and is licensed to practice in Texas. 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:

The injured worker is a 29-year-old male who reported an injury on 04/09/2013. The mechanism of injury is not provided for clinical review. The diagnoses included lumbosacral or thoracic neuritis or radiculitis, lumbar sprain/strain, insomnia, myofascial pain, and status post lumbar epidural steroid injection. The previous treatments included medication, epidural steroid injections, and chiropractic sessions. Within the clinical note date 08/07/2014 it was reported the injured worker complained of low back pain with right lower extremity tingling and numbness. He rated his pain 6/10 to 7/10 in severity causing difficulty with sleep. The injured worker reports medication plus HEP/TENS help with pain. Upon the physical examination the provider noted the injured worker had tenderness to palpation of the lumbar spine with right sided spasms. The request submitted is for additional chiropractic care for the low back. However, a rationale is not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic care for the low back for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Manual therapy & manipulation Page(s): 58.

Decision rationale: The request for Additional chiropractic care for the low back for 12 sessions is not medically necessary. The California MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy 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. The guidelines recommend a trial of 5 to 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There is lack of documentation indicating the efficacy of the previous sessions the injured worker has undergone. There is lack of documentation indicating the number of sessions the injured worker has undergone. Additionally, the provider failed to document an adequate physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion and decreased strength of flexibility. Therefore, the request is not medically necessary.