

Case Number:	CM14-0111433		
Date Assigned:	08/01/2014	Date of Injury:	07/08/2013
Decision Date:	10/06/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/17/2014

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 Family Medicine 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:

The injured worker is a 26 year old male who sustained an injury to his low back on 07/18/13. The mechanism of injury was not documented. Clinical note dated 05/09/14 reported that the injured worker continued to complain of low back pain rated as 7/10 visual analog scale that radiates down the bilateral lower extremities with associated numbness of the feet. The injured worker also reported persistent back spasms and continued headaches that occur about 3 times per week with the same intensity. Medications reduce pain by 40-50%, allowing increase in activities of daily living. Physical examination noted diffuse tenderness to palpation in the thoracic and paraspinal regions bilaterally; decreased thoracic range of motion with flexion at 30 degrees, extension 50 degrees, bilateral lateral bending 15 degrees; decreased lumbar range of motion flexion 40 degrees, extension 10 degrees, bilateral lateral bending 15 degrees; straight leg raising positive at 60 degrees, right with pain to the distal calf; slump test positive right; Lasegue's positive right; magnetic resonance image of the lumbar spine dated 09/19/13 revealed degenerative disc disease and facet arthropathy with L5-S1 right paracentral protrusion/extrusion with annular fissure narrowing the right lateral recess, contacting the right S1 nerve root with caudal left neural foraminal narrowing noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the Lumbar Spine #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Additionally, it should be also pointed out that a trial of 6 visits is indicated prior to the approval of additional treatments. The records indicate that the injured worker has completed at least 20 chiropractic visits to date which helped somewhat decrease pain temporarily. The California Medical Treatment Utilization Schedule recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks may be authorized. Elective/maintenance care is not medically necessary and there is need to re-evaluate treatment excess, if return to work is achieved, then 1-2 visits every 4-6 months may be authorized for recurrences/flareups. There was no additional significant objective clinical information provided that would support the need to exceed the California Medical Treatment Utilization Schedule recommendations, either in frequency or duration of chiropractic manipulation visits. Given this, the request for chiropractic for the lumbar spine x 12 is not indicated as medically necessary.