

Case Number:	CM14-0118398		
Date Assigned:	08/06/2014	Date of Injury:	06/01/2013
Decision Date:	10/31/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine & Rehabilitation 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 56-year-old male who reported an injury on 06/01/2013. The mechanism of injury was reportedly a slip and fall. His diagnoses were Achilles tendon tear, right foot contusion, lumbar sprain/strain, sciatica, right hip sprain/strain, myofasciitis, radiculitis, and stress/anxiety. Past treatments included acupuncture, chiropractic/physiotherapy, a home exercise program, trigger point therapy, and medication therapy. His diagnostics included x-rays of the lumbar spine, MRI of the lumbar spine, and a pseudomotor function assessment. It was noted he had surgery in 2008 for a broken tibia on the right. On 08/12/2014, the injured worker complained of constant severe low back pain. He also reported constant severe right hip pain, Achilles/right foot pain, and constant severe right leg piercing pain with numbness. The physical examination of the lumbosacral spine revealed pain in all planes, tenderness to palpation over the quadratus lumborum, erector spinae, and latissimus dorsi bilaterally. It was noted that he had decreased range of motion to the lumbosacral spine, hip, and the right ankle. His medications were Anaprox, cyclobenzaprine, hydrocodone, Synovacin, and Dendracin. The treatment plan was for chiropractic with physiotherapy 1 time per week times 4 weeks for the low back, hip, and bilateral legs. The rationale for the request and the Request for Authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic with Physiotherapy 1 time per week for 4 weeks, low back, hip, bilateral legs:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: Based on the clinical information submitted for review, the request for chiropractic with physiotherapy 1 time per week times 4 weeks for the low back, hip, bilateral legs is not medically necessary. As stated in the California MTUS Guidelines, the intended goal of effective 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. The guidelines indicate that it may take up to 6 treatments to produce effect, and the maximum duration is 8 weeks, which is when the patient should be re-evaluated. Any therapy beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. The injured worker reported constant severe low back pain. He also complained of constant severe pain in the right hip and Achilles/right foot. It was noted on 04/16/2014 that the injured worker had an initial examination and evaluation at a chiropractic clinic. It is unclear as to how many sessions he attended, if any; however, the guidelines only indicate up to 8 weeks. On 05/16/2014, he had another evaluation at a chiropractic clinic, but again, it is unclear as to how many sessions he attended. Any sessions beyond 8 weeks require objective documentation of improved function, decreased pain, and an improved quality of life. The most recent documentation showed very little improvement in objective findings, and the injured worker continued to rate his pain at the same level of 8/10. It was unclear as to what benefit the chiropractic treatment had to his functional status. As such, the request for chiropractic with physiotherapy 1 time per week times 4 weeks for the low back, hip, bilateral legs is not medically necessary.