

Case Number:	CM14-0120190		
Date Assigned:	08/06/2014	Date of Injury:	09/25/2012
Decision Date:	10/29/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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 34-year-old male who reported a date of injury of 09/25/2012. The mechanism of injury was indicated as a fall. The injured worker had diagnoses of thoracic spine sprain/strain, lumbar spine sprain/strain and accident fall. Prior treatments included a home exercise program. The injured worker had an MRI of the lumbar spine on 02/21/2014 with official findings indicating straightening of the lumbar lordotic curvature. Surgeries were not indicated within the medical records provided. The injured worker had complaints of mid back pain associated with bending and twisting, and frequent severe low back pain associated with lifting and bending. The injured worker's range of motion of the thoracic spine was 35 degrees of flexion, 25 degrees of left and right rotation; there was tenderness to palpation of the thoracic paravertebral muscles and thoracolumbar junction, and had a positive Kemp's test bilaterally. The injured worker's range of motion of the lumbar spine was 50 degrees of flexion, 10 degrees of extension, 15 degrees of right and left lateral bending, with tenderness to palpation of the lumbar paravertebral muscles. Medications were not indicated within the medical records received. The treatment plan included the physician's recommendation for chiropractic treatment for 2 to 3 times a week for 6 weeks and to be re-evaluated in 4 to 6 weeks. The rationale was not indicated within the medical records provided. The Request for Authorization form was received on 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic three (3) times a week for six (6) weeks for the Lumbar Spine: 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): 58-59.

Decision rationale: The request for Chiropractic three (3) times a week for six (6) weeks for the Lumbar Spine is not medically necessary. The injured worker had complaints of mid and low back pain associated with twisting, bending, and stooping. The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain caused by musculoskeletal conditions. The intended goal or effect 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. Chiropractic treatment is recommended as an option for the low back with a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. There is no indication that the injured worker has undergone chiropractic treatment in the past and the injured worker has significant objective functional deficits which may benefit from treatment; however, the request for 18 chiropractic visits exceeds the recommended guidelines for a trial of 6 visits over 2 weeks. As such, the request is not medically necessary.