

Case Number:	CM14-0122650		
Date Assigned:	09/26/2014	Date of Injury:	01/17/2013
Decision Date:	10/27/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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 Chiropractic, has a subspecialty in Acupuncture 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 female who reported low back pain from injury sustained on 01/17/13. On the day of injury she was assisting a patient back from the bathroom with her walker when the patient collapsed and landed on her. MRI of the lumbar spine revealed left intraforaminal disc protrusion at L3-4, small disc bulge at L4-5 and mild disc desiccation at L2-3. X-rays of the lumbar spine revealed mild-to-moderate disc space narrowing at L4 and L5 and a very small developing anterior osteophyte at L2-3. Patient is diagnosed with lumbar lumbosacral intervertebral disc disease and thoracic lumbosacral neuritis/ radiculitis. Patient has been treated with medication and physical therapy. Per medical notes dated 07/11/14, patient states she has done "nothing" for the last month and as a result her low back pain has improved. Right lateral buttock pain persists. Patient is not a surgical candidate; she desires to be referred to chiropractor and pain management. Per medical notes dated 09/15/14, patient complains of low back pain with intermittent radiculopathy to the right posterior leg, numbness and tingling in right foot. She reports improvement while lying down, with medication and ice. Her pain increases while walking, sitting, standing, during activity, bending and twisting. Examination revealed decreased lumbar spine range of motion and tenderness over paraspinal musculature. Provider requested consultation with a Chiropractor for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a Chiropractor- Low Back: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59. "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". 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. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. According to the provided medical records, patient has not had Chiropractic visits. The patient has been treated with medication and physical therapy and is not a surgical candidate, she desires Chiropractic. Provider requested consultation with a Chiropractor for Low back pain which is reasonable and within guidelines. MTUS guidelines state Manipulation is "recommended for chronic pain if caused by musculoskeletal conditions". Per guidelines and review of evidence, consultation with a chiropractor for low back pain is medically necessary.