

Case Number:	CM14-0124708		
Date Assigned:	09/26/2014	Date of Injury:	08/15/2013
Decision Date:	10/27/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/05/2014

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 Chiropractic and is licensed to practice in Georgia. 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:

This is a 23-year-old male with a 08/15/2013 date of injury. A specific mechanism of injury was not described. 7/3/14 determination was non-certified given no clear detail as to what previous treatment had been done since the work injury including functional outcomes. The prior determination identified that the patient was seen on 6/30/14 (this report was not provided for review) and complained of 2-3/10 low back pain. It reported that the patient was improving. On exam there was mild spasms in the thoracolumbar spine and the patient was diagnosed with a lumbar and thoracic sprain/strain. 12/16/13 medical report identified normal gait. The patient could heel and walk without difficulty. With range of motion, the patient could reach his fingertips to his midtibia with forward flexion, he had 30/30 extension with lateral side bending. He could reach his fingertips four fingerbreadths below his fibular head bilaterally. Strength was 5/5, sensory intact from L2-S1 bilaterally. There was mild tenderness to palpation of the paravertebral musculature and at the thoracolumbar junction. There was mild spasms also. Diagnoses included thoracic and lumbar strain. It was noted that the patient had not had any treatments. He was started on ibuprofen, tramadol, Flexeril, and Lidopro topical cream. It was noted that the patient had not had any therapy. The provider requested 18 chiropractic visits and was to see the patient in one month for a reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 6 Visits Lower Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Manipulation for the low back.

Decision rationale: CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. There was no indication if the patient completed any of the 18 sessions requested in December; and if he did, additional documentation would be necessary, including how many sessions did he completed and what was the functional improvement achieved. In addition, there was a reported improvement in the patient's condition, however, no further delineation of such. There were no specific functional deficits beyond mild tenderness and spasm; and the goals of therapy were not provided. The medical necessity was not substantiated.