

Case Number:	CM14-0130538		
Date Assigned:	08/20/2014	Date of Injury:	07/30/2013
Decision Date:	09/30/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 28-year-old male with a reported date of injury on 07/30/2013, but no history of injury was provided for this review. On 02/11/2014 and 02/19/2014, the patient reported low back pain, and treated with a chiropractic provider who reported the patient was progressing as expected and recommended continued care as planned. In medical follow-up visit on 03/06/2014, the patient reported to have 3/10 low back pain. The patient had completed 7 visits chiropractic physiotherapy, which helped a little. There was a request for authorization of chiropractic care with physical modalities at a frequency of 2 times per week for 4 weeks. In medical follow-up on 04/17/2014, the patient reported a little help with 8 prior visits of chiropractic physiotherapy. In medical follow-up on 05/01/2014, the patient reported 9/10 low back pain. He had completed 8 visits of chiropractic physiotherapy, and the patient reported he needed to schedule more chiropractic treatments. Diagnoses were noted as multilevel disc herniation of the lumbar spine and lumbar spine radiculopathy. In medical follow-up on 06/30/2014 the patient reported 10/10 low back pain and on 07/07/2014 reported 9/10 low back pain. Each record reports the patient had completed 8 chiropractic physiotherapy visits, and the patient stated he still needed to schedule more chiropractic treatments. On 07/28/2014, the patient presented for chiropractic care with complaints of lumbar spine pain rated 7-8/10. By examination lumbar flexion was 50/90, extension 10/30, and bilateral lateral flexion 20/40; Kemp's and Yeoman's tests were positive bilaterally for increased lumbar pain, and lumbar spine palpation revealed tenderness and spasm. Diagnoses were noted as lumbar spine myofasciitis soft tissue injury with associated radicular syndrome into lower extremities, and per 11/15/2013 MRI lumbar spine disc protrusions and bulges. The chiropractor recommended a treatment plan of 2 visits per week for 3 weeks. In medical follow-up on 08/08/2014 he reported 8/10 low back pain. He had completed 8 visits of chiropractic physiotherapy with some relief and

had been walking and doing home exercises with some relief. Objective findings on 08/08/2014 included antalgic gait, lumbar spine palpation tenderness and spasm, pain with facet loading of lumbar spine bilaterally, limited lumbar range of motion (ROM), decreased sensation left L5 dermatome, motor exam 5-/5 left quads, hamstrings, transactional analysis (TA), and extensor hallucis longus (EHL); diminished bilateral patellar and left Achilles reflexes, straight leg raising (SLR) positive bilaterally at 60° with pain to knees, and positive Slump and Lasegue tests bilaterally. Diagnoses were noted as multilevel disc herniation of the lumbar spine and lumbar spine radiculopathy. The patient was determined permanent and stationary. Under consideration for this review is the request for 6 visits of chiropractic physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments and physiotherapy X 6 visits for lumbar spine: Upheld

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

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

Decision rationale: The request for 6 chiropractic and physiotherapy visits for the lumbar spine is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. Records indicate the patient was treating with chiropractic and physiotherapy on 02/11/2014 and 02/19/2014, and by 03/06 2014 had completed 7 treatment sessions with a little benefit, and by 05/01/2014 had completed 8 treatment sessions with a little benefit. On 07/28/2014, the chiropractor recommended a treatment plan of 2 visits per week for 3 weeks. There is no evidence of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrences/flare-up, there is no measured documentation of prior treatment success, and elective/maintenance care is not supported. The request for 6 chiropractic and physiotherapy visits exceeds MTUS recommendations and is not supported to be medically necessary.