

Case Number:	CM14-0145742		
Date Assigned:	09/12/2014	Date of Injury:	07/06/2000
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal Medicine 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 patient is an injured worker with the diagnoses of right sacroiliac joint dysfunction, right LS/S1 radiculopathy, recurrent herniated nucleus pulposus at L4/L5, status post lumbar spine surgery on July 25, 2013, lumbar spine disc protrusion at L4-L5 with radiculopathy, and right sacroiliac joint arthropathy. Regarding the mechanism of injury, he was injured while working as a utility lineman. Date of injury was 07-06-2000. Primary treating physician's report for the date of examination of July 17, 2014 documented subjective complaints of lumbosacral spine pain and pain that travels in his right leg down to his ankle. He has been taking Ibuprofen 800 mg on an as needed basis. Objective findings were documented. On examination of the lumbosacral spine, the patient has tenderness and spasm in the paravertebral area. He has tenderness over the right sacroiliac joint with limitation of motion. Range of motion demonstrated flexion 56 degrees and extension 20 degrees. Diagnoses were right sacroiliac joint dysfunction, right LS/S1 radiculopathy, recurrent herniated nucleus pulposus at L4/L5, status post lumbar spine surgery on July 25, 2013, lumbar spine disc protrusion at L4-L5 with radiculopathy, and right sacroiliac joint arthropathy. Chiropractic therapy with physiotherapy modalities, flexion distraction therapy and home exercise program, at a frequency of two times per week for four weeks, directed to the lumbar spine was requested. Interventional pain management report dated 6/17/14 documented the recommendation that the patient continue his at home exercises and stretches as previously directed by a physical therapist. Utilization review determination date was 8/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy with physiotherapy modalities-flexion distraction therapy and home exercise program x8 visits-lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 299, 308, Chronic Pain Treatment Guidelines Chiropractic treatment ; Manual therapy & manipulation Page(s): 30, 58-60.

Decision rationale: The MTUS Chronic Pain Guidelines address chiropractic treatment and manipulation. Manipulation is a passive treatment. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 6 visits should document objective functional improvement. For low back conditions, a trial of 6 visits is an option. The ACOEM Guidelines addresses chiropractic treatment and manipulation. For patients with symptoms lasting longer than one month, efficacy has not been proved. Many passive and palliative interventions are without meaningful long-term benefit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) states that a prolonged course of manipulation is not recommended. Medical records document a lumbosacral back condition that is chronic with a date of injury of 07-06-2000. The patient has been advised to perform home exercises and stretches as previously directed by a physical therapist. Medical records indicate that the patient has received physical medicine treatments in the past. Eight visits of chiropractic treatment were requested. MTUS guidelines limit chiropractic treatment to 6 visits. Additional treatments require of objective functional improvement. Therefore, the request for 8 chiropractic visits exceeds the MTUS Guidelines' recommendations. As such, the request is not medically necessary and appropriate.