

Case Number:	CM14-0154204		
Date Assigned:	09/23/2014	Date of Injury:	07/24/2014
Decision Date:	10/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 reported to be a 54-year-old male, without date of birth noted. The date of injury is noted as 07/24/2014. The patient was at work, lifting and moving some heavy objects, and he suddenly felt a sharp pain in his low back, left more than right. An undated narrative report notes the patient was seen at that office on 07/25/2014 with complaints of mid and low back pain. By physical examination, lumbar ranges of motion were noted as: flexion 15/90 with pain/spasm, extension 10/30 with pain/spasm, bilateral lateral flexion 10/30 with pain/spasm, and bilateral rotation 10/30 with pain/spasm. Forward bending, sit-stand, stand-sit, and getting out of bed/chairs all increased pain. Tenderness to palpation was present at T7 through L5 and sacroiliac joint (L >R). Palpable tenderness and muscle spasm were present over the quadratus lumborum muscles and thoracic and lumbar paravertebral muscles bilaterally. Yeoman's, Ely's and Kemp's Tests reproduced the chief complaint in the low back bilaterally. Upper and lower extremity deep tendon reflexes (DTRs) were reported unremarkable. Motor and coordination were also noted as unremarkable. Diagnoses were noted as thoracic spine sprain/strain, thoracic segmental dysfunction, compression deformity, lumbar spine sprain/strain, lumbar segmental dysfunction, muscle spasm, myalgia, and acute pain due to trauma. The patient was capable of working with restrictions of: 1. No lifting/carrying/pushing/pulling over 15 pounds 2. No repetitive bending, stooping, or lifting 3. No prolonged standing 4. No ladder climbing. The chiropractor recommended treatment at a frequency of 3 times per week for 4 four weeks, at which time a reevaluation would be performed. Lumbar spine x-rays were performed on 07/25/2014 with the impression noted as 20-25% compression deformity L5 vertebral body of indeterminate age, and scattered small osteophytes without evidence of disc space narrowing. An itemized statement reports the patient treated with various manipulative and manual therapy modalities on 07/25/2014, 07/28/2014, 07/30/2014, 08/01/2014, 08/04/2014, 08/06/2014,

08/08/2014, 08/11/2014, 08/13/2014, 08/15/2014, 08/18/2014, 08/20/2014, 08/26/2014, and 08/28/2014. There is no documentation regarding subjectives, objectives or functional capabilities on the encounter dates of 07/28/2014, 07/30/2014, 08/01/2014, 08/04/2014, 08/06/2014, 08/08/2014, 08/11/2014, 08/13/2014, 08/15/2014, 08/18/2014, 08/20/2014, 08/26/2014, and 08/28/2014. The question for review is regarding medical necessity of 12 chiropractic treatment sessions to the thoracic/lumbar spinal region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions for the thoracic/lumbar spine (3 times a week times 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, Updated 08/22/2014

Decision rationale: The request for 12 chiropractic treatment sessions to the thoracic/lumbar spinal region at a frequency of 3 times per week for 4 weeks is not supported to be medically necessary. The patient experienced an industrial injury on 07/24/2014 and presented for chiropractic care on 07/25/2014. At the time of presentation for care and the request for 12 chiropractic treatment sessions, the patient's conditions were acute, and MTUS (Chronic Pain Medical Treatment Guidelines) is not applicable; therefore, ODG is the reference for this review. Regarding chiropractic care of lower back (lumbar & thoracic) complaints, ODG reports manipulation is recommended as an option. Medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). In treatment of lower back complaints, ODG supports a trial of up to 6 chiropractic visits over 2 weeks with consideration for additional care based on evidence of objective functional improvement with care rendered during the treatment trial. The request for authorization of 12 chiropractic treatment sessions exceeds ODG recommendations of up to 6 chiropractic visits over 2 weeks and is not supported to be medically necessary. Additionally, the submitted documentation does not provide evidence of objective functional improvement with a trial of up to 6 visits over 2 weeks in order to support additional care beyond the treatment trial, does not provide evidence of acute exacerbation, and does not provide evidence of a new condition, and elective/maintenance care is not supported; therefore, the requested chiropractic treatment sessions is not medically necessary.