

Case Number:	CM14-0161760		
Date Assigned:	10/07/2014	Date of Injury:	01/19/2014
Decision Date:	10/31/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine and Rehabilitation 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:

This patient sustained an injury on 1/19/14 while employed by [REDACTED]. Request(s) under consideration include Eight (8) chiropractic visits for the back. Reports of 7/15/14 and 8/11/14 from the provider noted the patient with continued low back pain with bilateral leg symptoms; symptoms have increased since last visit which the patient attributed to the 2 acupuncture sessions. Pain rated at 4/10 radiates down the right leg below the knee. Conservative care has included medications, acupuncture visits (2 completed); 6 PT sessions, 11 chiropractic treatment, and modified activities/rest. Therapy and medications have reduced the pain by about 50% temporarily. Exam showed antalgic gait; limited lumbar range; positive facet loading test of lumbar spine; decreased diffuse sensation in right L4, L5, and S1 dermatomes with 4+ to 5-/5 diffuse motor strength on right. Treatment included continuation of HEP (home exercise program), additional chiropractic treatment and open MRI of thoracic/ lumbar spine. The request(s) for Eight (8) chiropractic visits for the back was non-certified on 9/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) chiropractic visits for the back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

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

Decision rationale: MTUS Guidelines support chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From the records reviewed, it is unclear how many total sessions have been completed with at least 11 on record review. Per medicals reviewed, the patient has received a significant quantity of chiropractic manipulation sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The Eight (8) chiropractic visits for the back are not medically necessary and appropriate.