

Case Number:	CM14-0044849		
Date Assigned:	07/02/2014	Date of Injury:	08/05/2010
Decision Date:	08/05/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/11/2014

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 Chiropractics and is licensed to practice in Texas. 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 48-year-old female with a reported injury on 08/05/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 03/19/2014 reported that the injured worker complained of low back pain. The physical examination was not provided within the clinical notes. The magnetic resonance imaging (MRI) dated 12/19/2013 reported mild multilevel degenerative disc disease, with specific mention of a left foraminal disc protrusion at L3-4 and right foraminal disc protrusion at L4-5. The electromyography/ nerve conduction velocity (EMG/NCV) testing on 07/17/2012, revealed evidence of right lower extremity L3-4 sensory radiculopathy. The injured worker's diagnoses included lumbar radiculopathy, lumbar herniated nucleus pulposus without myelopathy, sprain/strain to the thoracic, lumbosacral and sacroiliac joint and coccydynia, as well as bilateral carpal tunnel syndrome and bilateral shoulder impingement syndrome. The injured worker's prescribed medication list included Soma, Motrin, and Vicodin. The treating physician requested chiropractic visits, of which the rationale was not provided within the clinical notes. The request for authorization was submitted on 04/03/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits x 8 lumbar/thoracic spine: Upheld

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

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

Decision rationale: The request for eight chiropractic visits, in treatment of the lumbar/thoracic spine, is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for chiropractic visits was not provided within the clinical notes. The CA MTUS guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Trial of six visits over two weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There was a lack of documentation indicating the injured worker has significant functional deficits requiring chiropractic sessions. There was a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercises, and/or medication therapy. Moreover, the request for eight chiropractic sessions exceeds the guidelines' recommendation of an initial six trial visits. As such, the request is not medically necessary.