

Case Number:	CM15-0011121		
Date Assigned:	01/29/2015	Date of Injury:	06/05/2014
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 39 year old male, who sustained an industrial injury on 06/05/2014. He has reported subsequent low back pain and was diagnosed with lumbosacral sprain/strain, radicular neuralgia and lumbar segmental dysfunction. Treatment to date has included oral pain medication, cortisone injections, chiropractic manipulation, and physical therapy. The 12/1/14 treating chiropractor report cited frequent moderate to severe low back pain and stiffness. Physical exam documented non-specific positive exam findings of range of motion restrictions. Additional findings included tenderness, paraspinal edema, and muscle guarding. Mechanical restrictions had been verified by motion x-rays, and orthopedic and neurologic testing was positive. The patient had completed an initial course of 6 chiropractic visits with continued objective findings and subjective complaints. The treatment plan recommended 6 additional chiropractic visits, and four extracorporeal shockwave therapy visits. The physician requested a 3 day manipulation under anesthesia with a two month follow up due to lack of response to date and recommendations from the other providers. On 12/22/2014, Utilization Review non-certified requests for MUA post-procedure rehab program as needed and three days manipulation under anesthesia, noting that there was no documentation by the chiropractic healthcare practitioner to establish why manipulation under anesthesia was medically necessary. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) Months of Follow Up of MUA Post-Procedure Rehab Program as needed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: The California MTUS guidelines do not recommend functional restoration programs for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. As the related manipulation under anesthesia procedure is not medically necessary, and this request for functional restoration program duration exceeds guidelines, this request for two (2) months of follow-up of MUAx post-procedure rehab program as needed is not medically necessary.

Three (3) Days Manipulation Under Anesthesia (FRP-MUA): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 11/21/14), Manipulation under anesthesia (MUA)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic: Manipulation under anesthesia (MUA)

Decision rationale: The California MTUS ACOEM guidelines do not address manipulation under anesthesia for the low back. The Official Disability Guidelines state that manipulation under anesthesia (MUA) is not recommended, except in urgent situations as a closed orthopedic procedure in the treatment (reduction) of vertebral fracture or dislocation. In the absence of vertebral fracture or dislocation, MUA is not supported by quality evidence in the management of spine-based neuromusculoskeletal conditions. Existing studies are poor quality and vary across numerous domains including technique application, potential use of co-interventions and dosage, so any favorable outcomes reported cannot be generalized. Guideline criteria have not been met. This patient presents with findings of lumbar segmental dysfunction which reportedly failed to respond to an initial trial of chiropractic treatment. Clinical exam findings are non-specific relative to range of motion and orthopedic/neurologic testing. There is no compelling reason to support the medical necessity of this level of intervention in the absence of guideline support or evidence of vertebral dislocation or fracture. Therefore, this request for three (3) days of manipulation under anesthesia (FRP-MUA) is not medically necessary.