

Case Number:	CM14-0143297		
Date Assigned:	09/10/2014	Date of Injury:	11/05/2010
Decision Date:	10/06/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/04/2014

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 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 a 45-year-old male born on [REDACTED]. On 11/05/2010, the patient was delivering liquor when he lifted a case of wine and experienced severe low back pain. In orthopedic evaluation on 11/14/2011, the patient was determined permanent and stationary. The medical provider's PR-2 of 06/19/2012 reported the patient had completed 6 chiropractic sessions since his last follow-up on 05/08/2012. The provider noted the patient was at MMI - re-discharge. On 08/03/2012, the chiropractor requested authorization for chiropractic services at a frequency of 2 times per week for 3 weeks. The patient was seen in orthopedic re-evaluation on 01/17/2013 with complaints of worsening low back pain. Following physical examination, the patient was diagnosed with lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis and disc bulges with desiccation at L3 through L5 with facet changes at the bilateral L4-L5 level with central and neuroforaminal stenosis, per MRI scan, and left sacroiliac joint sprain. The provider requested authorization for a brief course of chiropractic manipulative therapy at a frequency of 2 times per week for 3 weeks. The medical provider's PR-2 of 02/19/2013 reports the patient had completed 3 visits of chiropractic care with benefit, and the provider recommended additional chiropractic care at a frequency of 2 times per week for 4 weeks. In orthopedic evaluation on 06/16/2014, the patient reported constant slight to intermittent moderate occasionally severe low back pain with no radiation of pain or numbness or tingling to lower extremities. Lumbar examination revealed forward flexion 15/60, extension 10/25, right lateral flexion 20/25 and left lateral flexion 10/25; negative findings on passive straight leg raise, active straight leg raise, Braggard's, heel walk and toe walk; knee-to-chest was reported positive bilaterally; paralumbar musculature spasm, tenderness at the left sacroiliac joint, lower extremity muscle strength was reported 5/5 bilaterally, patellar DTRs 0 bilaterally, Achilles DTRs 1+ bilaterally, and lower extremity sensory examination normal. The patient's

diagnoses included lumbar spine sprain/strain. The provider recommended a course of chiropractic treatment at a frequency of 2 times per week for 6 weeks. The PR-2 of 08/01/2014 reports patient complaints of dull moderate low back pain. The patient had completed 2 of the previously requested 12 sessions of chiropractic treatment. Examination of the lumbar spine revealed the patient stooped forward 5 and his upright posture was guarded; range of motion: flexion 15, extension 10, right lateral flexion 20 and left lateral flexion 10; palpable tenderness over the paralumbar musculature bilaterally and the left sacroiliac joint. The chiropractor requested authorization for 10 sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 10 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: The request for 10 prospective chiropractic visits is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The patient's low back injury occurred on 11/05/2010, and he was determined permanent and stationary on 11/14/2011. The patient has been treating with chiropractic care since prior to 06/19/2012. The medical provider's PR-2 of 06/19/2012 notes the patient had completed 6 chiropractic sessions since his last follow-up on 05/08/2012. Most recently, between 06/16/2014 and 08/01/2014, the patient completed 2 sessions of chiropractic care. The records do not provide evidence of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no measured objective evidence of a recurrence/flare-up as the objectives reported on 06/16/2014 and 08/01/2014 are unchanged and by 08/01/2014 the patient had already treated to guidelines recommendations of 1-2 visits every 4-6 months in treatment of recurrences/flare-ups, there is no measured documentation of prior treatment success, and elective/maintenance care is not supported; therefore, the request for 10 prospective chiropractic visits is not supported to be medically necessary. The request for 10 prospective chiropractic visits exceeds MTUS recommendations and is not supported to be medically necessary.