MAXIMUS Federal Services

Case Number:	CM13-0059285		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2007
Decision Date:	11/17/2015	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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: California, Minnesota
Certification(s)/Specialty: Chiropractor

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 50 year old female who sustained an industrial injury on 08/01/2007. Medical records indicated the worker was treated for unspecified degenerative disc disease of the lumbar region of the spine. In the provider notes of 11-13-2015, the injured worker complains of low back and buttocks pain. According to provider notes, previous chiropractic adjustments and myofascial release have been beneficial and the worker is requesting further treatment. She is pending authorized right sacroiliac joint intra-articular steroid injection. On exam, her gait is grossly within normal limits. She has severe right greater than left sacroiliac joint sulcus tenderness and positive right Fortin finger test with a positive right Patrick test. There is piriformis tenderness bilaterally, right greater than left. She has referred back pain with straight leg raise bilaterally. A MRI of the lumbar spine (06-2012) revealed central disc extrusion L2-3 measuring 4 mm extending slightly to the right paracentral region , mild narrowing of the right caudal margin of the right neural foraminal. There is mild central canal stenosis and slight impression of descending right L3 nerve root. There is a central disc protrusion L2-L3. There is a broad based disc protrusion with annular tear at L5-S1 measuring 4 mm. There is mild central canal stenosis. Electrodiagnostic studies (undated) revealed probable right L5-S1 lumbar radiculopathy. A request for authorization was submitted for Ten (10) additional chiropractic treatments for the lumbar spine, 2 times per week for 5 weeks. A utilization review decision 11/21/2013 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) additional chiropractic treatments for the lumbar spine, 2 times per week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 10 additional chiropractic treatments for the lumbar spine, 2 times per week for 5 weeks. The documentation does not reveal the previous amount of chiropractic treatment used for this flare-up nor do the records give how the patient responded to the previous care using objective functional improvement. Therefore the requested treatment is not medically necessary and appropriate due to unknown amount of previous treatment for this flare-up and no documentation about objective functional improvement from past treatment.