MAXIMUS Federal Services

Case Number:	CM13-0017006		
Date Assigned:	10/11/2013	Date of Injury:	01/05/2007
Decision Date:	03/26/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic Care, has a subspecialty in Chiropractic Sports Physician 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 physician 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 woker is a 62 year old female who was injured on the job on 01/05/07 while working for [redacted]. Her complaints/diagnosis are bilateral carpal tunnel syndrome, chronic neck and back pain, right middle finger trigger finder, left cubital tunnel syndrome, left shoulder impingement, right volar ganglion cyst, abdominal from medications. On 4/18/2010 the injured worker had surgery for the right guyon canal and cubital tunnel release. On 10/17/2011 an MRI of the right wrist was taken. On 11/29/2011 an EMG/NCS bilateral upper extremities revealed left median senory neuropathy and moderate right ulnar sensory neuropathy at the elbow. On 3/18/2013 an MRI of the lumbar spine with 3D myelogram revealed loss of interveterbral disc height disc desiccation changes seen at the L3 through S1 levels with straightening of the normal lumbar spine lordosis. Grade 1 anterolisthesis seen at the L4-L5 level, measuring 0.4 mm but no spondylosis present. At L5-S1 level , there is annular concentric and left greater than right lateral 3.8 mm broadbased disc protrusion seen, flattening and abutting, the anterior and left greater than right portion of the thecal sac with mild to moderate, left greater than right lateral spinal neural foraminal stenosis. At L4-L5 there is annular concentric and bilateral 3.8 mm broadbased disc protrusion seen extending to the bilateral lateral recess in combination with moderate right greater than left facet arthropathy changes with ligamentum flavum hypertrophy, producing moderate right and mild left lateral spinal and neural foraminal stenosis. At L3-L4, there are moderate bilateral facet athropathy changes seen with ligamentum flavum hypertrophy. There is posterior left greater than right lateral 2.8 mm broadbased disc protrusion, and producing mild bilateral right greater than left neural foraminal stenosis. There is modic type 1 endplate changes seen at L5-S1 level. On 6/24/2013 the patient received medial branch blocks at L4-L5 and L5-S1 with the pain improving 80 to 90% according to the medical doctors 7/22/2013 reports. To date the patient has received treatment according to

the medical records of aquatic therapy, home exercises and pain medication. No documentation of previous chiropractic treatment and results, cervical and thoracic MRI's, or x-ray results. The medical doctor is requesting chiropractic treatment 2 times per week for 6 weeks for a total of 12 visits for the cervical, thoracic and lumbar spine. The utilization review modified the treatment to 2 times per week for 3 weeks, lumbar spine only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section Page(s): 58-59.

Decision rationale: According to the California MTUS Chronic Pain Medical treatment guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation is the achievement of positive symptomtic or objective measurable gain in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with a evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks.The requested chiropractic treatment of 2 times per week for 6 weeks for 12 visits does not follow the MTUS guidelines, therefore the chiropractic visits are denied.