

Case Number:	CM13-0019681		
Date Assigned:	12/04/2013	Date of Injury:	05/07/2013
Decision Date:	03/12/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is a licensed Chiropractor and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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 28 year old female who injured her lower back on 5/7/2013 while moving a heavy bag of croutons while working. Symptoms reported are low back pain with radiating pain into the left lower extremity with occasional numbness and tingling per primary treating physicians (PTP's) initial consultative report of 6/26/13. The patient has been treated with medications, cold/heat/ TENS, acupuncture, lumbar ESI on 9/27/13, given a lumbar support belt, physical therapy, and chiropractic care per the PTP's report dated 7/24/2013. An MRI of the lumbar spine performed on 5/24/13 shows "L4/L5 broad central left paracentral 3mm disc protrusion and mild facet arthropathy with ligamentum flavum thickening causing marked left lateral recess, moderate left foraminal and mild central canal stenosis (30%) [and] L5/S1 mild bilateral facet arthropathy and foraminal narrowing." Diagnoses assigned by the PTP are "acute lumbosacral strain with L4/L5 and L5/S1 disc with foraminal narrowing and left radiculitis". Chiropractic care has been beneficial in the past per the records provided. The PTP is requesting 6 additional chiropractic therapy session to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro Lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation CA Chiro

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): s 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section.

Decision rationale: According to the records provided the patient received 6 sessions of chiropractic care from 5/9/13 to 6/18/13. The documentation from the initial chiropractic treatment shows that the patient had pain at 8/10 on the 10 point scale, range of motion (ROM) was measured for flexion to the knee, extension at 15 degrees, right and left lateral flexion at 30 and 35 degrees and right and left rotation at 30 degrees with positive straight leg raise on the left. Chiropractic treatment records from the last treatment show objective functional improvement 6/10 on the pain scale, ROM restored on flexion to ankles, extension 30/30, right and left lateral flexion at 45 degrees and right and left rotation at 30 degrees and all orthopedic testing negative with patient returning to work (RTW) in a modified duty capacity. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." MTUS Chronic Pain Medical Treatment Guidelines p. 58-59 state that Manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. 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." The same section also states that manipulation is "recommended as an option." Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement total of up to 18 visits over 6-8 weeks. ODG Low Back chapter, Manipulation Section states: "Recurrences/flare-ups-Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." Considering that chiropractic records show objective measurable functional gains with the first 6 chiropractic sessions I find that the request for 6 additional chiropractic sessions to be medically necessary and appropriate