

Case Number:	CM13-0027311		
Date Assigned:	03/14/2014	Date of Injury:	09/22/2010
Decision Date:	05/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/20/2013

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 licensed in Chiropractic, has a subspecialty in Sports 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 injured worker is a 54 year old male who was injured on 9/22/10 while working as a maintenance worker. His symptoms are low back pain with radicular pain to the right lower extremity. His treatment has apparently been medications, physical therapy and chiropractic care. On 5/13/13 a sacroiliac joint arthropathy injection was given on the right side. On 6/18/13 a lumbar spine epidural injection was performed. On 11/3/2010 an MRI of the lumbar spine revealed degenerative joint disease at L3-L4 with left L3 nerve root impingement, L4-L5 degenerative joint disease with impingement of the left L4 nerve root and at L5-S1 there is a left lateral disc bulge. There is facet osteoarthritis over these three levels. On 10/26/2012 an MRI of the lumbar spine revealed: mild progressive degenerative spondylolysis without canal stenosis, neural foraminal narrowing at L3-L4 through L5-S1, severe on the right on L5-S1, and mild Type scoliosis of the lumbar spine. On 12/06/2012 an EMG/NCV study of the lower extremities revealed mild active denervation noted primarily in the right S1 myotomes. The left paravertebral region reveals some borderline axonopathy. A procedure of a right L5-S1 transforaminal epidural steroid injection was performed on 5/25/12 and on 4/20/12 a procedure of a right sacroiliac injection was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) ADDITIONAL CHIROPRACTIC SESSIONS FOR THE LUMBAR SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

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

Decision rationale: According to the 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 symptomatic or objective measurable gains 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 evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There has been no documented objective functional improvement in the medical records. Therefore, the requested additional chiropractic care is not medically necessary or appropriate.