

Case Number:	CM13-0029898		
Date Assigned:	06/06/2014	Date of Injury:	06/15/2011
Decision Date:	07/30/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/25/2013

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, 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:

According to the available medical records, this is a 58 year old male patient with chronic back pain, date of injury 06/15/2011. The previous treatments include chiropractic, physical therapy, medication, injections and home exercise program. The treatment report dated 08/12/2013 from the treating doctor revealed increased pain. The patient states that his back popped last night and he has been in severe pain, no sleep and having a difficult time going to the bathroom, moving around, standing up and walking. The patient described chronic severe intractable pain. Mid back pain is severe, 8/10, constant, aching, throbbing, spasms and stiffness. Low back pain is severe, 8/10, constant, aching, throbbing, numbness, radiating, soreness, spasms, stiffness, tender and tightness. The symptoms radiate to the left hip, right hip, right thigh, right knee and right calf. Left side pelvis/buttock pain is severe, 8/10, aches, soreness, spasms and tightness. Left hip pain is severe, 8/10, aches, muscular pain and numbness. Moderate left lower extremity aches and numbness, 6/10 and frequent. Right lower extremity pain is severe, 7/10, constant ache and throbbing pain, numbness, pins and needles. The exam revealed asymmetry, edema, hypertonicity, hypomobile in left pelvis, hip, bilateral T9-10, L3-5, sacrum. Muscle spasm, stiffness, tautness, trigger points found in left leg, thigh, SI, hip, right leg. Bilateral lumbar transversospinalis, Quadratus Lumborum, Sacrospinalis and thoracic extensors hypertonic, inflammation, muscle guarding and splinting spasms. The left gluteus medius, hamstrings, piriformis, quadratus femoris, and rectus femoris hypertonicity, is hypertrophic with changes and spasms. The lumbar range of motion (ROM) decreased with significant pain. The patient shows positive Minor's sign, Valsalva, Lindner's, Kemp's, bilateral leg raise, left straight leg raising (SLR) at 60 degrees, left Braggard's, left Fabere's, left Derifield, left Ely, and left Toe Walk is weak. Muscle weakness is found on the left hip flexor 4/5. There is a decreased left patella reflex

+1/+2 and left L5 dermatome. Diagnoses include lumbosacral radiculopathy, sciatic neuritis, pelvic sp/st, sacroiliitis, thoracic sp/st, lumbar disc, lumbar facet and lumbar spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy x 2 over the Next 30 Days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Therapeutic Care Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment in Workers' Comp 2nd Edition; Disability Duration Guidelines. Official Disability Guidelines 9th Edition; Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: Review of the available medical records show this patient has been receiving chiropractic treatments on a monthly basis (2x in June 2013, 2x in July 2013 and 2x is requesting in August). The California MTUS guidelines do not recommend maintenance as a medical necessity. As for flare-up, there is no measurable treatment success in this case since the patient is still on temporarily totaled disability. Based on the guidelines cited above, the request for chiropractic therapy is not medically necessary.