

Case Number:	CM13-0033575		
Date Assigned:	12/06/2013	Date of Injury:	07/10/2012
Decision Date:	02/10/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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:

The patient is a 22 year old female employed as a clerk who sustained an injury to her lower back on 7/10/2012 while unboxing merchandise on the receiving loading dock of tthe store. The patient complains of constant pain in the lumbar spine area radiating to the left buttock and foot. The mechanism of injury is well documented in the primary treating physician's (PTP) initial consultative report dated 10/12/12 to be consistent with patient's account of the injury and complaints. Treatment since the date of the injury has included: medications, physical therapy, chiropractic therapy and a TENS unit. The patient was sent back to work with a lifting restriction. An MRI study was conducted showing a left sided disc extrusion at L5/S1 resulting in a mild to moderate left sided foraminal stenosis and mild canal stenosis. However, there are no X-ray studies in the records reviewed. The patient was diagnosed with L5/S1 disc extrusion and L5 radiculopathy by the PTP. An epidural injection was also given on 1/18/13 which resulted in no benefit per the records provided. The patient was seen by her chiropractor and was treated for 12 sessions. According to the PTP's report, since previous chiropractic care has been helpful the PTP is requesting 12 sessions of chiropractic therapy 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions, 2 times per week for 6 weeks, for the lumbar spine: Upheld

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

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

Decision rationale: The records provided contain detailed documentation of the patient's condition especially exam findings before, during, and after the chiropractic treatment. Exam finding details range of motion, muscle testing, neurological exam and pain intensity. In this case, the documentation provided shows that the chiropractic care was of no benefit as eluded to by the chiropractor in his PR2 report. According to the PR2 report, the patient's symptoms increased and there has been no change in the patient's condition. In fact, due to the lack of improvement with conservative care, surgery was recommended by the specialty physician in a report dated 8/14/13. Fusion and decompression are recommended and the patient chose to proceed with the procedures according to the records provided. There are no known requests and carrier's authorizations in the records for surgery. As for manual therapy and manipulation, Chronic Pain Treatment Guidelines p. 58-60 state that manual therapy and manipulation "are recommended for chronic pain if caused by musculoskeletal conditions." It also states that the "goal is to achieve positive symptomatic and/or objective measurable gains in functional improvement." As stated in the ODG Manipulation and Manual therapy section under recurrences/flare-ups that "need to reevaluate treatment success, if return to work is 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." However, there is no evidence of functional improvement in the records of this evidence before and after chiropractic care. 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..." Records indicate the patient did not show functional objective improvement. Given the absence of objective functional improvement data from past treatments to be compared to post-chiropractic therapy measurements, I find that the 12 chiropractic sessions to the lumbar spine are not appropriate and not medically necessary.