

Case Number:	CM13-0037651		
Date Assigned:	03/21/2014	Date of Injury:	02/25/2012
Decision Date:	07/28/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/17/2013

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 Board Certified in Chiropractic Medicine, 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 51-year old who experienced an injury on February 25, 2012 when he was descending a ladder, lost his balance and began to fall, and a coworker was able to stop the ladder from falling over, but the patient jerked his back. On February 27, 2012, he was evaluated at a medical center where he underwent examination and x-rays and was provided with Motrin, Robaxin, and Biofreeze ointment, was given a lumbar support and released to light duty work. He followed with a course of physical therapy without relief. The patient underwent orthopedic reevaluation on June 5, 2013. He reported an increase in pain over the prior 4 weeks, and he had stopped working on May 19, 2013. On June 5, 2013 the patient complained of thoracic spine pain 9/10 and low back pain 8/10. Following examination the patient was diagnosed with 1) muscular ligamentous strain/sprain of dorsal spine-with exacerbation (May of 2013), 2) muscular ligamentous sprain/strain of lumbosacral spine-with exacerbation (May of 2013), and 3) rule out radiculopathy of the left lower extremity. On June 5, 2013 the patient was prescribed an anti-inflammatory agent, a medication to minimize possible development of gastritis following the use of non-steroidal anti-inflammatory medications, a muscle relaxant, and a pain medication. The patient underwent lumbar spine MRI on August 26, 2013 with findings of disc degeneration with 2-3 mm extrusion at L3-4, disc degeneration with 3 mm extrusion at L4-5, and no significant thecal sac or nerve root compression. The patient underwent initial orthopedic evaluation with another orthopedist on September 5, 2013. He reported cervical and lumbar spine complaints, and he last worked on May 17, 2013. By examination on September 5, 2013 the following were noted: normal lumbar lordotic curvature, lower lumbar spine tenderness extending to the left and right sacroiliac dimples, he was able to tip toe and heel walk with no gross weakness of the leg and or thigh muscles, he was able to forward flex to no more than 35 with extension to 15 and side to side rotation of 25, straight leg raising test bilaterally reproduced

pain radiating down the back side of the thighs at full elevation of 90, lower extremity DTRs +2 and equal, no weakness of the extensor hallucis bilaterally, no focal areas of sensory deficits, and no pathological reflexes. The patient was diagnosed with neck sprain and strain and lumbosacral sprain and strain with probability of associated discopathy and nonspecific radiculopathy/radiculitis. There was a recommendation for TTD six weeks, chiropractic physiotherapy at a frequency of two times a week for 6 weeks, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENTS 2 TIMES A WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports a six visit trial of manual therapy and manipulation over two weeks in the treatment of some chronic pain issues if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the six visit treatment trial, a total of up to eighteen visits over six to eight weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then one to two visits every four to six months. There is no documentation reporting evidence of objective functional improvement or record of evidence of treatment success with chiropractic care during a six visit treatment trial, there is no evidence of an acute flare-up, and elective/maintenance care is not supported; therefore, the request for twelve chiropractic treatment sessions to the lumbar spine exceeds Chronic Pain Medical Treatment Guidelines recommendations and is not supported to be medically necessary. The request for chiropractic treatments for the lumbar spine, twice weekly for six weeks, is not medically necessary or appropriate.