

Case Number:	CM13-0040896		
Date Assigned:	12/20/2013	Date of Injury:	02/09/2010
Decision Date:	03/12/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The reviewer is certified 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 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 54 year old male laborer who injured his neck, upper back and lower back on 2/9/2010 while loading heavy clay bags onto his truck and jumping in and out of his truck concurrently. Symptoms reported are ongoing neck, upper back and low back pains with radiating pain into the right lower extremity with numbness into the right foot per PTP's Progress report provided. Patient has been treated with medications, ESI injection into the right L5/S1 area (on 10/14/13), physiotherapy (TENS), physical therapy and chiropractic care. Per the PTP's progress report dated 12/23/2013 an MRI of the lumbar spine performed on 3/27/12 which evidenced "degenerative disc disease and facet joint arthropathy with disc protrusion and annular tears are seen at multiple levels. Most prominent finding is severe right-sided foraminal narrowing at L5/S1 with possible L5 nerve root impingement." The same report listed an EMG/NCV study of the lumbar spine which was positive for "lumbarradiculopathy of L5/S1 nerve root." Diagnoses assigned by the PTP for the lower back are Lumbar radiculopathy, lumbar disc disorder and lumbar facet syndrome. The PTP is requesting 6 chiropractic session to the lumbar spine post-injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation - six (6) sessions, post injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines & Official Disability Guidelines ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

Decision rationale: According to the PTP's report dated 11/30/12 the patient had been seen from 7/25/12 to 10/27/12 for 12 sessions of chiropractic care which resulted in "some improvement." The patient then suffered a flare-up on 11/28/12. An unspecified number of chiropractic treatments were provided subsequent to this flare up and medications were prescribed. The reports from the chiropractic treatments from 11/28/12 to 9/9/2013 are not available in the records provided. Chiropractic treatment reports subsequent to the ESI injection of 10/14/13 show that the pain levels increased after 2 sessions of post-surgical chiropractic care. PTP's chiropractic report of 11/11/13 reports that the pain level has increased to "6/10 to 8/10." Objective functional improvement is absent from the chiropractic care and modalities rendered to the lumbar spine and as defined in the MTUS definitions. The documentation is available but what it shows is non-improvement. The MTUS and ODG do not comment on post-injection manipulative therapy. 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 do not show objective functional improvement has been demonstrated with the visits post-injection, I find that the request for 6 chiropractic sessions post-injection to not be medically necessary and appropriate.