MAXIMUS Federal Services

Case Number:	CM13-0042345		
Date Assigned:	12/27/2013	Date of Injury:	07/29/1997
Decision Date:	04/10/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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:

The patient is a 62 year old male who was injured on 07/29/1997. The mechanism of injury is unknown. He injured his lower back. According to UR notes, the patient has been approved for 24-chiropractic session to date. Clinic note dated 10/11/2013 states that the patient presented to the office stating that he was doing better until Wednesday, 10/09/2013 when his left lower back, right lower back, right lower back and lower thoracic became aggravated. The patient rated his intensity on a scale of 0 to 10 with 0 being nothing and 10 being his original intensity. He gave his right lower back a 4, left lower back a 7 and lower thoracic a 6 since his last office visit. The patient explained that his problems continue to be aggravated when he sits and stands for a prolonged time. The patient stated that his symptoms continue to be relieved when he gets adjusted, exercises and stretches. The patient stated that he has been doing all of the exercises that he is supposed to do on a regular basis. Objective findings on exam revealed decreased lumbar flexion with pain, left rotation with pain and left lateral flexion with pain. While the patient had a full range of motion with lumbar right lateral flexion, he had pain. Biomechanical joint dysfunction over the patient's T11, L3 and left SI vertebral segments, the spasms over the patient's right lower back and mild trigger points over his left lower thoracic; moderate tender taut fibers were apparent in the patient's left lumbar musculature and left lower thoracic musculature. He had mild tender taut fibers over his right lumbar musculature; palpation of the patient's spine revealed tenderness over T10, T11, L2, L3, L4 and left SI; Kemp's test was positive on his left, Nachlas test was positive on his left; Straight-leg raising test was within normal limits; Ely's sign was within normal limits and Yeoman's test was within normal limits. With the patient in the prone position, he had a 1/4th of an inch functionally short left leg length. Based upon the results so far, the current prognosis for this patient is good because he is experiencing an exacerbation and has responded well to conservative chiropractic therapy in the

past. Lumbar ROM Inclinometry dated 09/03/2013 revealed there is no functional improvement and range of motion was decreased. Clinic note dated 08/20/2013 documented that the patient had significant improvement until Monday, 08/19/2013, when his left lower back and lower thoracic area became aggravated. He stated that his lower back pain is much worse and that he is not able to sit for more than 40-50 minutes without standing to move around due to increased lower back pain. He states that when standing/walking, he is able to be up for about 75-90 minutes before he has to sit and rest for about 20 minutes, again due to left lower back pain. The activities that aggravate the patient's condition remain unchanged and when he sits and stands for a prolonged time. The patient also said his symptoms are still improved when he gets adjusted, exercises and stretches. Objective findings on exam revealed full range of motion with lumbar right lateral flexion, he had pain; spinal biomechanical joint dysfunction was noted over the patient's T11, L3, and left SI vertebral segments. The spasms over the patient's right lower back have decreased; mild spasms were noted to the lower back. Clinic note dated 05/31/2013 stated that the patient had been doing all of the exercises he is supposed to do; however, some of his exercises currently hurt his back. Objective findings on exam revealed the lumbar range of motion showed decreased lumbar flexion, extension with pain, left lateral flexion and right lateral flexion with pain. Biomechanical joint dysfunction over the patient's T11, L3 and left SI vertebral segments; mild spasms were visualized in the patient's left lower back. Clinic note dated 04/01/2013 indicated the patient presented with left lower back because it

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX SESSIONS OF CHIROPRACTIC TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: Per the Chronic Paint Medical Treatment Guidelines, chiropractic care beyond 8 weeks may be indicated for certain chronic pain patients with whom manipulation is helpful in improving function, decreasing pain and improving quality of life. However, provider note dated 10/11/2013 indicates that his pain level was at least 4/10 in his lower back and 7/10 within his thoracic spine at its worst. The provided indicated that home exercising has helped improved his flexibility but simple activities of daily living such as transitioning from prolonged standing and sitting worsens his pain. The guidelines support additional chiropractic care of chronic conditions if there is a well-up or flare-up that causes a loss of specific functional capacity. Chiropractic care is also supported if said treatment to date has restored specific functional loss. There is no documentation or statement in the record as to what prior functional impairment or loss was restored by said treatment. The guidelines also state there must be a reasonable expectation of some restoration of functional capacity. There is no statement in the records as to what functional capacity will/can be restored by continued/additional Chiropractic treatment other than the patient states he was helped by prior treatment. Therefore, the requested six sessions of chiropractic treatment are not medically necessary and appropriate.