

Case Number:	CM13-0048771		
Date Assigned:	12/27/2013	Date of Injury:	12/01/2011
Decision Date:	02/26/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/06/2013

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 Chiropractics 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:

Injured worker is a 60-year-old male, who initially injured on July 25, 2009 at which point he injured his left shoulder and his low back. It was recommended under go left shoulder surgery, which he declined due to his prior history of right shoulder surgery the past. He was evaluated for his low back and he underwent three epidural steroid injections starting in late 2010 to May 2011. On December 1, 2011 the injured worker experienced an exacerbation of his low back pain after he was trying to life a heavy patient. His low back pain radiated down both legs, right side greater than left. Due to continued ongoing symptoms he had lumbar spine surgery April 2012, he followed up with 19 physical therapy visits. In November 2012 he was returned to work. In early 2013 he had some increased symptoms as low back and got additional epidural steroid injections for the low back with radicular symptoms in May and September 2013. The diagnosis related to the lumbar spine were late effects the lumbar strain with large lumbar disc extrusions, lumbar spondylosis and lumbar stenosis at multiple levels. He saw the AME on October 15, 2013. The primary treating physician requested chiropractic visits on October 11, 2013 due to continued ongoing low back symptoms in order to avoid additional surgical intervention as conservative care to date was of little help in controlling the symptoms. He requested 12 visits of chiropractic care at two times a week for six weeks. Utilization review was performed on November 1, 2013 at which point the request for 12 visits of chiropractic care was modified to six visits citing ODG and MTUS guidelines. IMR was initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 x 6 (12 visits) for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines Lumbar Spine.

Decision rationale: In reviewing this case, this injured worker with a history of the low back injuries followed up with spinal surgery and lumbar epidural steroid injections. He did have the opportunity to have physical therapy after surgery. Due to flareups in 2013, injections were not helping him to adequately control the symptoms. The request was made by the primary treating physician for chiropractic care for the lumbar spine at 12 visits, two times a week for six weeks. This request was modified by utilization review for six visits of chiropractic care at two times a week for three weeks. Given the history and the type of symptoms that the patient currently has, chiropractic care is an ideal treatment choice in this case. Yet the California chronic pain medical treatment guidelines are specific that in cases of lumbar spinal issues a trial of six visits over two week should be tried and if functional improvement is shown additional visits of chiropractic care can be authorized up to 18 visits over 6 to 8 weeks. In this case the request for 12 visits without showing prior history of response to chiropractic care may be premature though may be necessary in the future if he responded to the therapeutic care of the initial six visits. At this time the medical necessity for 12 visits has not been met and the trial of care of six visits should be utilized first.