

Case Number:	CM13-0048979		
Date Assigned:	12/27/2013	Date of Injury:	12/07/2012
Decision Date:	06/03/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/07/2013

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 Services 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:

Clinical Summary: The patient is a 57 year old male who was injured on 12/07/2012. He slipped and fell hitting his low back to a steel plate and falling to the ground. 10/03/2013 Medications Include: Gabapentin 600 mg Ibuprofen 600 mg Aspir-low Ec 81mg` Multivitamin tab Diagnostic studies reviewed include MRI of the lumbar spine performed on 08/02/2013 revealed there is scoliotic curvature of the lumbar spine. There is mild retrolisthesis of L5 on S1; at L5- S1. There is a 3 mm right foraminal disc protrusion with abutment of the exiting left L5 nerve root. There is also a 3 mm right foraminal disc protrusion resulting in effacement of the anterior thecal sac with no neural abutment. There is mild central canal narrowing. X-ray performed in 05/2013, which showed moderate degenerative disc disease at L5-S1 and L2-L3 and L3-L4 revealed subtle left convex lumbar curvature. Recent MRI showed mild retrolisthesis of L5 on S1 and left foraminal disc protrusion at L5-S1 with abutment of exiting left L5 nerve root. He also has disc protrusion at L4-5. Pain and Rehabilitation Report dated 10/03/2013 documented the patient to have complaints of lower back pain which is for his claim from 12/07/2012. The patient reports that he has completed 6/6 chiropractic sessions. These sessions did provide him with some pain relief and also improved his function. He can now walk 15 minutes longer and can perform about 40 minutes of gardening. His pain level was rated as 4/10. He continued to have lower back pain with stiffness and prolonged sitting does aggravate his pain. He does have discomfort that radiates into his bilateral lower extremities while he is sleeping. He has intermittent numbness and tingling in his bilateral lower extremities. He utilizes Gabapentin, which he notes does provide him with benefit. There is no documentation of a physical examination of the lower back. The patient was diagnosed with degeneration of the lumbar Imbsac di. Utilization Review Treatment Appeal notes dated 10/28/2013 stated the patient continues to have chronic low back pain. Objective findings on exam revealed the patient ambulates to the examination room

without assistance and his gait is normal. The deep tendon reflexes are symmetrical bilaterally to the patella and Achilles. There is no clonus sign noted bilaterally; lumbar extension was measured to be 20 degrees; lumbar flexion was measured to be 80 degrees; left lateral bending was measured to be 20 degrees and right lateral bending was measured to be 20 degrees. His sensation is intact to light touch and pinprick bilaterally to the lower extremities. The straight leg raise is negative; spasm and guarding is noted; lumbar spine motor strength is 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion and extensor hallucis longus.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO X 12 VISITS FOR THE LOW BACK: 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 & Manipulation, Page(s): 58.

Decision rationale: According to CA MTUS, manual therapy and manipulation of lower back is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement. The medical records document that the patient had completed 6 chiropractic sessions with some pain relief and functional improvement, the patient able to walk for 15 minutes and to perform 40 minutes of gardening, numbness and tingling in his lower extremities, on Oct/3/2013 there was no physical examination of the lower back, on Oct/28/2013 the physical examination of lumbar spine showed patient's gait was normal, deep tendon reflexes are symmetrical bilaterally, sensation was intact to light touch and pinprick bilaterally straight leg raise was negative, lumbar spine motor strength was 5/5. In the absence of documented previous patient pain history and physical examination that support the objective functional improvement before and after the sessions of chiropractic therapy, the request is not medically necessary according to the guidelines.