

Case Number:	CM13-0049370		
Date Assigned:	12/27/2013	Date of Injury:	12/06/2012
Decision Date:	03/10/2014	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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 claimant is a 47-year-old female with date of injury 12/6/2012. Progress note dated 12/3/2013 reports that the claimant continues to experience increased low back pain with the cold weather as well as with her ADLs (activities of daily living). She notes relief with treatment. On exam she has restricted lumbar AROM (active range of motion) with pain to lumbar spine, positive orthopedic testing for lumbar pain, and palpable muscle guarding to the lumbar spine. Diagnoses include lumbar disc injury with radiculopathy, segmental dysfunction, lumbar spine, chronic lumbosacral sprain/strain, and post-traumatic myofascial pain. The claimant has been provided 23 of 24 sessions of chiropractic treatment. Physiatry/pain management consultation report dated 11/13/2013 reports that the claimant lifted boxes at approximately 40 pounds and gradually felt pain. She has been seeing a chiropractor. She reports pain in the neck, upper and lower back and right upper and lower extremity. The pain is described as constant, cutting, pin and needle, weakness, numbness, stiffness, burning and limited movement, rated at 8/10, 9/10 without medication and 2/10 with medication. On exam there is tenderness of cervical spine and paraspinal muscle with minimal stiffness and no spasm. Range of motion of cervical spine is painful, but normal. Spurling and Adson are negative. There is tenderness in the thoracolumbar spine with no stiffness or spasm and normal range of motion. There is tenderness in the lumbosacral spine from L3-S1 and facet joints with the stiffness and spasm. Range of motion is painful and restricted on flexion, extension and lateral rotation due to pain. Straight leg raising sitting and supine right is 70 degrees and left is 90 degrees. Fabere, Patrick, extension and Gaenslen's tests are negative. Diagnoses include myofascial sprain and strain of lumbosacral spine, possible degenerative disc disease, rule out lumbar radiculitis/radiculopathy in the right, and myofascial sprain and strain of cervical and thoracic spine which is resolving. Recommendations are medications, trial of TENS (transcutaneous electric nerve stimulation),

and consider six sessions of physical therapy, transitioning to home exercise program. Continue with chiropractic treatment until approved for physical therapy for core muscle strengthening and stabilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight chiropractic sessions with work conditioning therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Conditioning Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 and 125-126.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, manual therapy is recommended after treatment with an adequate trial of physical or occupational therapy. The claimant has been provided extensive manipulation treatments without any report of active therapy, which is not consistent with these guidelines. Work conditioning should not be considered without adequate active physical medicine and home exercise program to improve conditioning. The clinical notes provided for review do not support the request for additional chiropractic treatments and work conditioning within the recommendations of the quoted guidelines.. The request for eight chiropractic sessions with work conditioning therapy is not medically necessary or appropriate.