MAXIMUS Federal Services

Case Number:	CM13-0052469		
Date Assigned:	12/27/2013	Date of Injury:	08/15/2012
Decision Date:	03/12/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/28/2013

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 43-year-old female still noting cognitive impairment. The mechanism of injury is unclear per the record submitted. Prior treatment history has included medications of Norco and Lexapro as well as physical therapy which the patient stated has not helped. No surgeries have been reported for this patient. Diagnostic studies performed include a MRI of the brain on March 7, 2013 revealed a normal examination. X-rays of the thoracic spine performed July 25, 2013 revealed minimal disc disease. X-rays of the pelvis performed July 25, 2013 revealed no fracture but mild spurring of both hips. X-rays of the lumbar spine performed July 25, 2013 revealed disc disease at L4-L5 and L5 - S1. No compression deformity noted. MRI of the lumbar spine performed August 13, 2013 revealed mild central canal stenosis with moderately severe bilateral neuroforaminal narrowing at L5 - S1. At T 11 - T12 there is a moderate sized disc protrusion mildly narrowing the central canal. At L4-5 there is mild bilateral neural foraminal stenosis. The patient was seen by [redacted] on September 30, 2013 who reported the patient presented with complaints of pain that had bilateral leg bilateral but bilateral hip bilateral low back. The patient states her pain is intermittent and is made worse by lifting, sitting, bending, the selectivity, stress, standing, twisting, whether changes, walking, and cold weather. The patient is reported as being stable in her pain medications and denies any adverse side effects help changes for life altering events. She states 90 to 100% pain relief with use of Norco for her pain. She requests chiropractor therapy and massage therapy to further reduce her chronic pain. The patient has deferred lumbar epidural steroid injections due to apprehension. Physical examination revealed no evidence of over medication sedation or withdrawal. Had examination was normal. There was decreased range of motion of the back due to pain, a positive straight leg raise bilaterally, sensory deficits and L5 - S1 dermatomes and decreased range of motion of the bilateral lower extremities due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment for the lumbar spine (4 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for four additional sessions of chiropractic manipulation does not fall within the guidelines for manual therapy and manipulation. The intended goal manual medicine is to achieve positive symptomatic or objective measurable gains and functional improvement. The patient was noted on the last examination to have 90 to 100% pain relief with her current medication. Her treating physician noted no changes in pain/spasticity since prior examination.