MAXIMUS Federal Services

Case Number:	CM13-0054686		
Date Assigned:	12/30/2013	Date of Injury:	11/20/2012
Decision Date:	03/24/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/20/2013

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 patient is a 66 year old male who was injured on 11/20/2012 while lifting a heavy object and took several steps when he suddenly felt severe sharp pain in the back which caused the patient to drop to the floor on his hands and knees. Prior treatment included 5 sessions of physical therapy, TENs unit, 12 aqua therapy sessions, chiropractic treatment, injections and a facet block. Medications included Flexeril 10 q.h.s., Cymbalta 60, Lisinopril, Fenofibrate, Amlodipine and aspirin. The lumbar spine MRI revealed there was evidence of focal left paracentral disc herniation at the L5-S1 level with associated central canal narrowing and moderate to severe left neural foraminal narrowing. Exiting left sided nerve root impingement was not excluded. No other disc herniation was visualized. There was moderate multilevel lumbar spondylosis. There was a moderate sized diffuse posterior disc bulge at the L1-L2 level with an associated tiny posterior annular tear. Discogenic endplate changes and Schmorl's nodes visualized at the L2-L3 level. Follow up dated 10/15/2013 documented the patient was essentially pain free for a week following the facet block. On the day of the procedure, the patient felt no pain with some mild improvement over the course of the few weeks following the procedure. However, simultaneously, he reported an increase degree of pain that radiated up his back. Straight leg raise was normal. Hip range of motion was full. Pain was aggravated with extension and rotation. The patient was tender to palpation across the lumbosacral spine. DTRs were 2/4 for patellae and 1/4 for Achilles. His doctor opined that the patient had appropriate physical therapy and chiropractic manipulation and his condition had plateau.

IMR ISSUES, DECISIONS AND RATIONALES

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

additional chiropractic treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Chiropractic Treatment for Low Back Pain

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

Decision rationale: Per the California MTUS, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions with the intended goal or effect to achieve positive symptomatic or objective measurable gains in functional improvement. The records show on 10/15/2013, he had reached his plateau and that the appropriate amount of therapy had been provided. It is unknown the exact number of therapy visits the patient has had based on the records provided. It is clear though that the request for additional therapy should not be considered necessary as it has not provided functional improvement in the past. Therefore, additional therapy is non-certified.