

Case Number:	CM13-0057066		
Date Assigned:	06/09/2014	Date of Injury:	11/28/2001
Decision Date:	07/28/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 51-year-old female born on [REDACTED]. She has a date of injury on 11/29/2001 but no historical data relative to the mechanics of an injury were provided for this review. The chiropractor's PR-2 of 10/07/2013 (10/07/2013 examination date) reports patient complaints of moderate to severe low back pain and constant numbness into her legs, left leg worse than right. Objectives were noted as marked decrease in lumbar extension and lateral flexion, segmental dysfunction noted 4th and 5th lumbar segments, and lumbar paraspinal myospasm. Diagnoses were noted as lumbosacral iliac disorder (724.6), low back pain (724.3 [sic 724.2]), and sacral radiculitis (724.2 [724.3]). A treatment plan of 3 times per week for 2 weeks then 2 times per week for 4 weeks (14 visits total over 6 weeks) was recommended. Chart notes completed by a combination of handwritten script and a checklist style indicate the patient presented on 10/07/2013, 10/14/2013, 10/17/2013, 10/19/2013, and 10/22/2013. The chart notes do not provide record of history updates or comparative measured subjective or objective clinical data. The checklist style examination/treatment record of 11/14/2013 reports mild lower back pain with objective findings reported by checklist fashion as muscle spasms in the thoracic, lumbar, and sacroiliac regions; tenderness/palpation in the lumbar and sacroiliac regions, range of motion thoracic, lumbar and sacroiliac regions without record of decreased, normal or increased ranges of motion noted; left Grostic leg check noted in illegible handwritten script, Gaenslen's left noted in difficult to decipher handwritten script, and the assessment reported as improved. No history updates were provided. Chart notes completed by a combination of cryptic handwritten script and a checklist style indicate the patient presented on 11/04/2013, 11/06/2013, and 11/11/2013. The chart notes do not provide record of history updates or comparative measure subjective or objective clinical data. The chiropractor's PR-2 of 11/12/2013 (11/11/2013 examination date) reports the patient was sleeping better and prior to chiropractic care was unable to sleep due to

pain. The patient also noted leg swelling had improved. She reported tingling down her left leg had diminished to 2 days per week versus constant. Objective findings were noted as left lumbar spinal hypertonicity, left sacroiliac L2/4, L5 segmental dysfunction, and Milgram positive for left lower back pain. Diagnoses were noted as lumbosacral iliac disorder (724.6), low back pain (724.3 [sic 724.2]), and sciatic radiculitis (724.2 [sic 724.3]). The chiropractor noted the patient had shown significant improvement since starting care but did not provide comparative measured data, and he recommended the patient continue treatment at a frequency of 2 times per week for 4 weeks and decrease frequency to 1 time per week for 4 weeks (12 visits total). The next index questionnaire of 11/11/2013 and the undated Oswestry Low Back Pain Disability Questionnaire do not report scores.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENTS #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

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

Decision rationale: The request for 12 chiropractic treatment sessions is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain issues if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The records indicate the patient treated with chiropractic care on 8 occasions from 10/07/2013 through 11/11/2013 (10/07/2013, 10/14/2013, 10/17/2013, 10/19/2013, 10/22/2013, 11/04/2013, 11/06/2013, and 11/11/2013). There is no documentation reporting measured evidence of objective functional improvement or record of measured evidence of treatment success with chiropractic care during a 6-visit treatment trial, and there is no evidence of an acute flare-up, and elective/maintenance care is not supported; therefore, the request for 12 chiropractic treatment sessions exceeds MTUS Guidelines recommendations and is not supported to be medically necessary.