

Case Number:	CM13-0058382		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2013
Decision Date:	03/24/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/26/2013

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 physician 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 46 year old female who was injured on 04/20/2013 when she slipped on water in a cooler and landed on her lower back and pelvic area. Prior treatment history has included 12 sessions of chiropractic therapy, Biofeedback sessions, electrical stimulation, medical traction, myofascial release and prescription medication. Diagnostic studies included nerve conduction studies performed on 09/19/2013 which were normal. X-ray of the sacrum/coccyx performed 06/11/2013 revealed horizontally oriented linear lucency seen at the left inferior pubic ramus on the AP sacrum projection was most likely secondary to the overlying soft tissues, as this finding was not visualized on the AP pelvis projection. However, a non-displaced fracture could not be ruled out. The described ovoid osseous density located within the posterior soft tissues may represent an injection granuloma, a focus of myositis ossificans or an osseous fragment. The mild sclerosis seen at the sacroiliac joints bilaterally may be secondary to a degenerative or inflammatory arthropathy. MRI lumbar spine without contrast performed 05/29/2013 revealed a combination of degenerative disease, facet arthropathy, and ligamentum flavum redundancy contributed to mild to moderate right L3/4, moderate left and mild to moderate right L4/L5 neural foraminal narrowing. This caused mild deformity of the exiting right L3 and bilateral L4 nerve roots. Mild left L2/L3, mild bilateral L3/L4 and L4/L5 lateral recess narrowing. This caused mild effacement of the transiting left L3, and bilateral L4 and L5 nerve roots. No findings for acute osseous or ligamentous injuries. PR-2 dated 10/17/2013 reported the patient still has complaints of left sided buttocks pain, unable to cross her legs. She has hip pain and coccyx pain. Functional changes since last examination is stated to be mild improved. There is positive Fabre test with antalgic gait noted. There is no mention of the current pain scale for the patient as of this note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment (6 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 & Manipulation Page(s): 58-59.

Decision rationale: The patient has received a total of 12 chiropractic treatments without documentation of subjective or objective improvements. The patient's pain has been reported at 4-5/10 from the initial chiropractic evaluation dated 07/02/2013, the midrange chiropractic report dated 09/05/2013 as well as on the Biofeedback session report dated 11/14/2013. Objective findings from the 07/02/2013 and 09/05/2013 chiropractic evaluations do not show significant signs of improvement; Kemps testing was positive bilaterally on both examinations, range of motion of the spine was decreased on both examinations, limitations on walking, sitting and lifting was also documented on both examinations. According to the CA MTUS, studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Since there has not been any measurable subjective or objective improvements, the requested additional sessions do not fit into the guidelines.