

Case Number:	CM13-0058636		
Date Assigned:	04/25/2014	Date of Injury:	12/11/2009
Decision Date:	08/14/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/27/2013

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 Board Certified in Chiropractics and is licensed to practice in Texas. 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 injured worker is a 59-year-old male who reported a pushing injury to his lower back on 12/11/2009. In an office visit of 12/05/2012, he complained of back pain radiating down through the posterolateral thigh and calf to his feet with tingling in all 5 toes. He reported that the pain had increased since his previous visit and rated it as 8/10. It was noted that he was losing sleep due to his pain. It was further noted that he was receiving acupuncture and chiropractic therapy for pain relief. He reported that his medications were working well. His medications included Lidoderm 5% patch, Zanaflex 2 mg, Silenor 3 mg, Kadian 20 mg, Colace 100 mg, Norco 10/325 mg, Celebrex 100 mg, amlodipine 5 mg, and lisinopril 20 mg. An electromyogram/nerve conduction study of 04/06/2010 revealed mild L5 radiculopathy. An MRI of 01/26/2010 revealed degenerative disc disease with disc bulges at L2-3 through L4-5. He received an epidural steroid injection at S1-S2 on the right side on 06/14/2010 and a lumbar medial branch block at L4, L5, and S1 on the right side on 09/24/2010. Lumbar spine ranges of motion were limited by pain. Flexion was 85 degrees, extension 10 degrees, right lateral bending 15 degrees, and left lateral bending 25 degrees. Lateral rotation to the left was 30 degrees and to the right 25 degrees. His straight leg raising test was positive on the right side at 120 degrees. His diagnoses included lumbar radiculopathy, lumbar spondylosis, spinal/lumbar degenerative disc disease and low back pain. His treatment plan included 12 additional chiropractic sessions and 12 additional acupuncture sessions. It was noted that he had completed physical therapy and had been instructed in a home exercise program which he performed daily. On 12/23/2011, it was noted that he successfully completed functional restoration intensive outpatient injury rehabilitation program. He had participated in the program 3 days per week for 6.5 hours per day for 7 weeks. He was an active and enthusiastic participant in the program and his attendance was excellent. He received a range of multidisciplinary treatments including progressive physical

reconditioning exercises, training in posture and body mechanics, and tai chi exercises, pain management, psychotherapy on a group and individual basis, biofeedback and relaxation training, vocational counseling, work conditioning activities, and medication management. It was noted that he was approaching his maximum medical and psychological improvement as of the discharge date. The rationale was that on 09/11/2013, he reported that he was successfully able to taper his Kadian down to 0 on his own due to the efficacy of chiropractic treatments. A request for authorization dated 02/17/2014 was included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS 3 TIMES PER WEEK FOR 4 WEEKS IN TREATMENT OF THE LOW BACK: Upheld

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

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

Decision rationale: The request for chiropractic sessions 3 times per week for 4 weeks in treatment of the low back is not medically necessary. California MTUS recommends chiropractic treatments for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the low back, chiropractic is recommended as an option for therapeutic care with a trial of 6 visits over 2 weeks with evidence of objective functional improvement with a total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. For recurrences and flare ups, there is a need to re-evaluate treatment success. If return to work is achieved then 1 to 2 visits every 4 to 6 months is recommended. Positive effects of chiropractic treatment should be seen within 4 to 6 treatments. The frequency of treatment should be 1 to 2 times per week for the first 2 weeks and may continue at 1 treatment per week for the next 6 weeks. The maximum duration of treatment is 8 weeks. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered maximum may be necessary in cases of reinjury, interrupted continuity of care, exacerbation of symptoms and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. This worker has participated in an unknown number of chiropractic treatments from February of 2011 until June of 2014. It is unknown if these treatments were continuous or intermittent. There was no documentation of objective quantifiable functional improvement due to his chiropractic therapy. The requested 12 treatments of chiropractic therapy exceed recommendations in the guidelines. Therefore, this

request for chiropractic sessions 3 times per week for 4 weeks in treatment of the low back is not medically necessary.