MAXIMUS Federal Services

Case Number:	CM13-0065366		
Date Assigned:	01/03/2014	Date of Injury:	05/06/2011
Decision Date:	06/09/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 an employee of [redacted] who has submitted a claim for grade I anterolisthesis L3-L4 and L4-L5, HNP of the lumbar spine, facet arthropathy of the cervical and lumbar spine, and multilevel disc herniation of the cervical spine associated with an industrial injury on May 6, 2011. A utilization review dated December 6, 2013 denied the request for chiropractic physiotherapy for the lumbar spine. Treatment to date has included bilateral L4-5 and L5-S1 medial branch block, acupuncture (5 sessions), chiropractic therapy (6 sessions), physical therapy (24 sessions), oral analgesics and muscle relaxants. Medical records from 2013 were reviewed and showed persistent neck, mid back and low back pain with pain level of 8/10. The patient reports approximately 20% increase in pain accompanied by left upper extremity numbness and tingling to the elbow. Lower back pain and hip pain were much worse than the neck and mid back pain. The patient states that there is aching and pinching in the posterior part of the leg to the knee, but there is no paucity. A medial branch block was performed bilaterally at L4-5 and L5-S1 facet joints in April 2013 but it did not provide pain relief. A physical examination showed paraspinal tenderness of the cervical and lumbar spine and left SI joint with decreased range of motion in the cervical, thoracic and lumbar spine with pain on extension. There is no sensory or motor deficit. Muscle strength is 5/5 in all extremities. Reflexes are normal. Spurling test was positive on the left with application of splints in the posterior arm to the elbow. Left FABER and Fortin's tests and left compression and distraction were positive as well with positive facet challenge in the lumbar spine. The patient is taking Norco 10/325 mg up to six times a day for pain and Robaxin about three times a day for severe back and neck spasms. The patient states that the medication helps decrease the pain temporarily by 50% and increases activity level such as walking for 20 minutes. The patient denies side effects from the medications. Approximately 6 sessions of chiropractic therapy were reported which helped

decrease the pain and increased functioning according to a progress report dated October 25, 2013. The patient also underwent approximately 5 sessions of acupuncture with no help and 24 sessions of physical therapy, which did help with the symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC PHYSIOTHERAPY MODALITIES FOR THE LUMBAR SPINE (1 TIME PER WEEK FOR 6 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: According to page 58 of the MTUS Chronic Pain Guidelines, chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. It is recommended as an option for low back pain provided there is a trial of 6 visits over 2 weeks with evidence of objective functional improvement. In this case, the patient previously had approximately 6 chiropractic sessions with a reported decrease in pain and increased functioning. However, functional gains (i.e. specific activities of daily living) were not objectively specified in the medical records provided for review. Therefore, the request for chiropractic physiotherapy modalities for the lumbar spine (1 time per week for 6 weeks) is not medically necessary.