

Case Number:	CM13-0067471		
Date Assigned:	01/03/2014	Date of Injury:	07/11/1998
Decision Date:	05/28/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 Chiropractor 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:

This is a 58-year-old female who sustained injury on 07/11/1998. Mechanism of injury is unknown. Treatment history includes trigger point injections that provided good week of relief and L5-S1 laminectomy/discectomy x2 in 1999 with subsequent L5-S1 total disc arthroplasty on 03/31/2005. A progress note dated 02/04/2014 indicates the patient continues to complain of pain in her lower back which radiates down to both lower extremities aggravated with bending, twisting and turning. The patient rated her lower back pain from 8/10 in intensity. The patient does suffer with a lumbar post laminectomy syndrome. The examinee also complaints of neck pain with associated cervicogenic headaches as well as pain radiating down to her right upper extremity. She had cervical MRI on 10/19/2013 which revealed abnormalities including a 4.5 mm disc bulge at C5-6. On physical exam of the cervical spine revealed tenderness to palpation along the posterior cervical musculature and decreased range of motion. She also had a decreased in the left shoulder. Assessment related to request was cervcial HNP with right upper extremity radiculopathy. On 10/28/2013, the patient was referred for chiropractic treatment x2 a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY FOR THE CERVICAL SPINE (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Pursuant to the CA MTUS 2009-9792.24.2 Chronic Pain Medical Treatment Guidelines Pages 58-60, an initial treatment session of 6 visits is recommended if pain is caused by musculoskeletal condition. The initial series of 6 sessions is allowed provided there is clear documentation of a measurable lack of functional capacity as well as a stated goal to resolve said deficiency. There is no documentation in the patient's record regarding cervical injury or any documentation regarding loss of functional cervical capacity. The requested 12 Chiropractic visits are not medically necessary.