

Case Number:	CM14-0004134		
Date Assigned:	02/03/2014	Date of Injury:	09/07/2012
Decision Date:	06/20/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/09/2014

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 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 36 year old female who reported an injury on 09/07/2012. The mechanism of injury was reportedly due to lifting. Per the clinical note dated 10/31/2013 the injured worker reported continued pain to the neck and left hip with decreased range of motion in the cervical spine. The physical exam showed flexion was reported at 25 degrees, extension was 25 degrees, right and left rotation were both at 70 degrees. There was 3+ bilateral paraspinal spasm and tenderness, 3+ pain with range of motion, slight positive compression test, and decreased sensation in the left C6 dermatome region. The range of motion to the lumbar spine was within normal range, however, there was 4+ left-sided paraspinal spasm and tenderness, 4+ pain with range of motion, a positive straight leg on the left, and decreased sensation of the left S1 dermatome. The diagnoses reported for the injured worker include cervical strain, lumbosacral strain with lumbar disc herniation, and left greater trochanteric bursitis. A CT of the lumbar spine dated 11/18/2012 reported unilateral right spondylolysis of L5 without spondylolisthesis and mild narrowing of the L4-L5 disc space and mild broad central bulging of the L4-L5 disc without focal disc protrusion. An MRI dated 11/22/2013 reported loss of the normal cervical lordosis and minimal scoliosis centered at the cervicothoracic junction, minimal diffuse disc bulge at C4-C5 and C5-C6, and no significant central canal or foraminal stenosis at any level. Per the physical therapy note dated 11/25/2013 the injured worker had attended 40 visits and her pain was still reported at a 5/10 with no significant increases in function noted. In the progress note dated 10/02/2013 the injured worker reported she gets relief from physical therapy when she goes however the next day the same pain returns. The request for authorization for medical treatment was dated 11/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SERVICES WITH MODALITIES AND EXERCISES, TWO TIMES PER WEEK FOR SIX WEEKS, LUMBAR AND CERVICAL, WITH [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy And Manipulation Section, pages 58-60..

Decision rationale: The California Medical Treatment Utilization Schedule states that chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. 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. Guidelines recommended for low back is trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Per the provided documentation the injured worker has attended 40 physical therapy visits which included manual therapy and stated it helped, but the pain returns the next day. The guidelines recommend up to 18 visits over 6-8 weeks if there is objective evidence of functional improvement. Per the provided documentation the injured worker remained the same functionally throughout the 40 therapy visits and the guidelines state maintenance care is not medically necessary. Therefore, the request for chiropractic services with modalities and exercises 2 times a week for 6 weeks for the lumbar and cervical spine, with [REDACTED] is not medically necessary.