MAXIMUS Federal Services

Case Number:	CM14-0005917		
Date Assigned:	02/07/2014	Date of Injury:	01/31/2012
Decision Date:	06/20/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/15/2014

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 Chiropratic Services 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 51-year old male, born on 08/25/1962. There is a reported date of injury on 02/03/2012, but the submitted clinical documentation does not provide record of the biomechanics of injury. On 05/01/2013, the patient reported low back pain, decreased lumbosacral range of motion and hypertonic muscles. The lumbar spine MRI of 07/31/2012 demonstrated disc desiccation at L1-L2, L4-L5, and L5-S1 with associated loss of disc height at those levels, with straightening of lumbar lordotic curvature with restricted range of motion of flexion and extension, and disc bulges at L1-L2, L2-L3, L3-L4, L4-L5, and L5-S1. The primary treating physician's examination record of 08/21/2013 indicates the patient continued with radicular symptoms to bilateral legs down to the knees with decreased lumbosacral ranges of motion and muscle spasm. The patient was seen in orthopedic follow-up on 09/23/2013, feeling worse since the last examination, with complaints of upper back, buttocks and left leg pain rated 8/10 and mid and low back pain rated 9/10. Per 09/23/2013 exam, there was lumbar tenderness to palpation, muscle strength of 4/5 in flexion, extension, and bilateral bending, and ranges of motion restricted due to pain. On 09/23/2013, the medical provider requested authorization for chiropractic care at a frequency of 3 times per week for 4 weeks. The medical progress report 10/30/2013 notes chiropractic care had been helping temporarily and the patient was to finish 8 visits. The patient was seen in follow-up medical examination on 11/27/2013 noting he felt worse since the last examination and had complaints of low back pain rated 8-9/10, patient was currently working full duty. Examination findings of 11/27/2013 revealed lumbar spine tenderness to palpation, spasm, lumbar trigger points, seated straight leg raise positive bilaterally, muscle testing lumbosacral spine 4/5 strength reflection, extension and bilateral bending, lumbar range of motion restricted due to pain and spasm, decreased sensation in the left L4-L5 and L5-S1 dermatomes and decreased light touch at the left foot. The patient is well lumbar disc

herniation with myelopathy, lumbar myalgia, lumbar mile spasm, and lumbar radiculitis. The patient is capable of performing his usual work duties. On 11/27/2013, the medical provider recommended completing remaining 6 sessions of chiropractic care, then he would request authorization for chiropractic care at a frequency of 3 times per week for 4 weeks to make a total of 24 sessions. There was a request for chiropractic care at a frequency of 3 times per week for 4 weeks dated 12/06/2013. The primary treating physician's examination record of 12/18/2013 reports complaints of low back pain and anxiety, with objectives unchanged, diagnoses of thoracic disc herniation with myelopathy (722.11), bilateral thoracic myalgia (729.1), bilateral thoracic muscle spasm (728.85), bilateral lumbar disc herniation with myelopathy (722.73), bilateral lumbar myalgia (729.1), bilateral lumbar muscle spasm (728.85), and bilateral lumbar rightists/radiculitis (724.4), and there was a recommendation for chiropractic at a frequency of 2 times per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIRO 3 X 4 FOR THORACIC AND LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: The request for additional chiropractic treatment sessions at a frequency of 3 times per week for 4 weeks is not supported to be medically necessary. The records do not report the exact number of chiropractic treatment sessions to date, but information indicates the patient treated in excess of 6 visits, without documented evidence of functional improvement with chiropractic care rendered. MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-59, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. There was no documentation of evidence of functional improvement achieved through past chiropractic care rendered and elective/maintenance care is not supported to be medically necessary; therefore, the request for additional chiropractic sessions is not supported be medically necessary.