

Case Number:	CM14-0007223		
Date Assigned:	02/07/2014	Date of Injury:	09/20/2008
Decision Date:	06/23/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/20/2014

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 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 47-year old female. The work-related injury is noted in the submitted records only as a slip and fall on 09/20/2008. The patient has treated with physical therapy since at least 06/22/2012. The primary treating physician's progress report of 07/03/2012 notes the patient presented for follow-up evaluation of back pain, low back pain and lumbar complaints with shooting pain down the legs, with condition severity noted as 8/10. Per 07/03/2012 physical exam, gait and station examination revealed midposition without abnormalities; inspection of bones, joints and muscles unremarkable; left hip flexors, left quadriceps, left foot dorsi flexors and left foot plantar flexors 4+/5 muscle strength with all other lower extremity muscles tested noted as 5/5, objective findings were reported unchanged from previous exams with tenderness in the lumbar spine, straight leg raising mildly positive, strength testing rated 4/5 bilaterally, lower extremity sensory intact bilaterally, right ankle decreased range of motion and dorsi flexion and plantar flexion, and she was diagnosed with chronic lumbosacral spinal pain associated with a slip and fall on 09/20/2008. On 04/26/2013, the patient underwent right ankle arthroscopy, osteotomy of tibial talor deltoid ligament with arthroscopic assistance, open debridement of the fragment of the right ankle, and injection of right deltoid ligament. On 05/28/2013, there was a request for physical therapy for right ankle and lower back, 12 sessions, at two times per week for six weeks. The 05/28/2013 document indicates prior chiropractic care had been recommended at a frequency of 1 time per week for 12 weeks. The patient underwent PT evaluation on 06/25/2013 relative to complaints of back pain and low back pain; numbness and left arm, and hip pain, with condition severity noted as 8/10, with diagnosis of chronic lumbosacral spinal pain noted. The 06/25/2013 record notes PT would be for five weeks in duration. On 07/16/2013, there was a request for 12 sessions of PT. She presented for ongoing PT care on 07/30/2013 with complaints essentially unchanged from those reported on

06/25/2013, and the note indicates PT would be for five weeks in duration. The primary treating physician's progress report of 01/02/2014 notes the patient presented for follow-up evaluation of back pain, low back pain and lumbar complaints with shooting pain down the legs, with condition severity noted as 3 and 4/10. Per 01/02/2014 physical exam, gait and station examination revealed midposition without abnormalities; inspection of bones, joints and muscles unremarkable; right hip flexors, right hamstrings and right quadriceps 4/5 muscle strength with all other lower extremity muscles tested noted as 5/5, objective findings were reported unchanged from previous exams with tenderness in the lumbar spine, straight leg raise mildly positive, strength testing rated 4/5 bilaterally, lower extremity sensory intact bilaterally, she rated pain 8/10, right ankle decreased range of motion and dorsi flexion and plantar flexion, and she was diagnosed with chronic lumbosacral spinal pain associated with a slip and fall on 09/20/2008. Twelve sessions of PT were requested. On 01/03/2014, there was a request for 12 visits of chiropractic care at a frequency of one time per week for 12 weeks. The patient was evaluated on numerous subsequent occasions with subjectives, objectives and diagnoses essentially unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) CHIROPRACTIC TREATMENT SESSIONS FOR LUMBAR SPINE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The 05/28/2013 medical record indicates prior chiropractic care had been recommended at a frequency of 1 time per week for 12 weeks, and the 08/14/2014 record reports, she has started chiropractic care with once a week treatments and after seven treatments she is not markedly improved. The request for chiropractic care at a frequency of 1 time per week for 12 weeks exceeds MTUS recommendations in both frequency and duration. 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 evidence of objective functional improvement achieved with past chiropractic treatment and elective/maintenance care is not supported to be medically necessary; therefore, the request for 12 chiropractic sessions is not supported to be medically necessary.