

Case Number:	CM14-0105431		
Date Assigned:	07/30/2014	Date of Injury:	11/04/2012
Decision Date:	09/25/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/08/2014

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 a Board Certified Chiropractor and is licensed to practice in New York. 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:

Treatment has consisted of radiofrequency ablation in October of 2013 which was helpful for a period of time. B12 injections to help with the nerve sheath. Magnetic resonance imaging (MRI) of the lumbar spine dated 2/4/14 demonstrated mild lumbar spondylosis, most noted at L4/5 where mild left neural foraminal narrowing is present. She is under the care of a psychiatrist who diagnosed her with post-traumatic stress syndrome. The applicant wants to be made permanent and stationary. Upon review of orthopedic re-evaluation report dated 5/23/14, the applicant presented with increased in spine and left sided leg pain with some occasional numbness and tingling. The pain was rated a 6-7/10 on the pain scale. She is capable of her activities of daily living which include swimming. She has had had somewhat an increase in pain secondary to swimming. The applicant subjectively complained of tenderness from the thoracolumbar spine to the base of the pelvis, there was slight tightness of the paralumbar musculature, buttocks were tender and unable to fully squat due to pain. There was mild sacroiliac joint symptomatology. Lumbar range of motion was indicated as being decreased. Examination revealed intact reflexes for knee and ankle jerks, there was no lower extremity weakness, sensation was intact, sciatic stretch was mild bilaterally, hip and knee range of motion was intact and symmetrical, neurovascular examination reveals some numbness. Chiropractic treatment was recommended twice a week for four weeks. The applicant's disability status was indicated as permanent and stationary. A treating diagnosis was given as: lumbosacral spondylosis, lumbago, generalized pain an lumbosacral neuritis NOS, L4/5 disc annular tear and disc herniation syndrome with facet syndrome. In a utilization review report dated 6/20/14 the reviewer determined the proposed chiropractic treatment two times per week for four weeks to the lower back was non-certified. The reviewer determined the spinal deficits were unchanged. There were no indication

of what additional functional benefit the worker would obtain in the lumbar spine and lower extremity with treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2xWk x 4Wks: 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 Chapter Page(s): 58-59.

Decision rationale: The requested chiropractic treatment sessions two times a week for four weeks is not medically necessary and not sanctioned under the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Low Back Guidelines. This section of the guideline does allow a trial of chiropractic treatment for six visits over two weeks with evidence of objective functional improvement with a total of up to 18 visits over 6-8 weeks, but the current request is in excess of the guidelines. A trial must first be requested before additional visits can be certified if the trial results in functional improvement and pain reduction. Since the guidelines do not allow for modification of the request, this request for chiropractic treatment 2 times per week for 4 weeks is not medically necessary or appropriate.