

Case Number:	CM14-0106818		
Date Assigned:	07/30/2014	Date of Injury:	03/12/2000
Decision Date:	08/29/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/10/2014

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 Services 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:

In review of the medical records provided the applicant was a 59 year old male involved in a work related injury that occurred on March 12, 2000 while employed by [REDACTED]. There was no documentation with regards to the mechanism of injury indicated by the treating physician. Thus far, treatment has consisted of topical pain cremes, 12 chiropractic treatments in 2012 as per a medical progress report dated 5/30/14 and 6 chiropractic manipulation sessions were received in June of 2013 as per medical progress report dated 4/30/14 . Acupuncture treatment was also indicated as being received with some benefit. Upon review of a primary treating physician periodic progress report dated February 5, 2014 the applicant presented for ongoing care regarding pain and disability associated for a March 9, 2000 lower back pain. Please note, other records indicated a date of injury as March 12, 2000. There were subjective complaints of back pain, low back pain and lumbar complaints. Severity of condition was a 5,6 on a scale of 1-10. The pain was described as aching, burning, stabbing, tearing, throbbing and intense along with back stiffness. The pain is worsened with lifting, back extension, back flexion, hip flexion and extension and rotation all worsens the condition. Lumbar examination revealed muscle strength is 4/5 for all left sided lower extremities tested, 5/5 on the right side lower extremities, gait and station examination reveals midposition without abnormalities. Deep tendon reflexes was normal, proprioception sensations are normal, lumbar range of motion was decreased of his lumbosacral spine with point tenderness with paralumbar facet capsule on deep palpation at L3/4, L4/5 and L5/S1. X-rays of the lumbar spine dated 10/6/11 revealed minimal lumbar degenerative disk disease and no abnormality at either SI joint. X-rays of the hips showed mild degenerative changes of the lower thoracic spine. MRI of the lumbar spine dated 1/21/13 demonstrated findings consistent with multifactorial central canal stenosis at L3/4 with bilateral neuralforaminal stenosis without focal disk protrusion. Upon

review of primary treating physician periodic progress report dated 1/2/14 and 4/30/14, the applicant continued to present with back pain, low back pain and lumbar complaints that was rated as a 5 and 6 on a scale of 1-10 with a 10 being the worst. The examination findings with regards to the lower back remain unchanged from the prior exam dated 2/5/14. It was indicated at this point in time the applicant has had 6 sessions of chiropractic manipulation in June of 2013 with marked benefit significant 60 % improvement, with increased functional capacity, decreased pain and suffering and increased ability to participate in routine ADL's. 10 sessions of chiropractic manipulation was requested. Upon review of a medical progress reports dated 5/30/14 and 6/27/14 there was no change in the subjective complaints and lumbar examination findings revealed an antalgic gait, decreased lumbar range of motion with point tenderness with paralumbar facet capsule on deep palpation at L3/4, L4/5 and L5/S1 bilaterally. He has pain with rotation with extension, likely indicative of capsular tears concomitant to the point tenderness with facet capsular tears. He has positive straight leg raise while seated and supine. The progress report then indicated that 12 chiropractic sessions were received in 2012 with marked benefit. The medical records do indicate he is working full time without restrictions. The primary diagnosis was lumbago. The treating diagnosis was indicated as displacement lumbar intervertebral disc without myelopathy, lumbago and lumbar sprain/strain. In a utilization review dated 7/19/14, the reviewer determined the requested 10 chiropractic sessions to the lumbar spine was not medically necessary. The report indicated two were certified and 8 were non-certified. The MTUS treatment guidelines 8.C.CR. 9792.20 9792.26 supports the use of chiropractic care in the management of chronic low back pain and notes that functional improvement should be noted within the first four to six treatments. The reviewer indicated based upon the medical documentation provided the applicant has completed an undisclosed number of prior chiropractic therapy and the clinician does not indicate if there has been any functional improvement. The reviewer spoke with the requesting physician and the applicant has received therapy a long time ago with 60% relief. Two visits were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor 10 sessions lumbar spine: Upheld

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

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

Decision rationale: The applicant was a 59 year old male involved in a work related injury to the lower back that occurred on March 12, 2000 while employed by [REDACTED]. There was no documentation with regards to the mechanism of injury indicated by the treating physician. As per the medical records provided, the applicant has received 12 chiropractic treatments in 2012 as per a medical progress report dated 5/30/14 and 6 chiropractic manipulation session in June of 2013 as per medical progress report dated 4/30/14. Although, the report stated that the applicant has had 6 sessions of chiropractic manipulation in June of 2013 with marked benefit significant 60 % improvement, with increased functional capacity,

decreased pain and suffering and increased ability to participate in routine ADL's. there was no evidence with regards to the subjective and objective findings and response and results to the prior treatment received as well as the current medical progress notes did not indicate any functional improvement upon review of the continued subjective complaints and the unchanged lumbar examination. As per the utilization review dated 7/19/14 the reviewer authorized two chiropractic treatments, there was no indication if they were received. Thus far the applicant has received 18 chiropractic manipulation sessions. Although, records indicated the treatment was beneficial, this was indicated as being received in 2012 and in 2013. Upon review of medical progress reports dated 2/5/14 through 6/27/14 there was no indication of any change/improvement in the subjective complaints, or any improvement with regards to the lumbar examinations documented. The last time the applicant appeared to receive treatment as per the records was in 2013. The utilization reviewer also indicated upon a discussion with the requesting physician the applicant has received therapy a long time ago with 60% relief. There has not been any documentation of any recurrences or flare-ups. The requested 10 sessions of chiropractic treatment is not medically necessary and not sanctioned under the MTUS Chronic Pain Medical Treatment Guidelines-Manual Therapy and Manipulation Section. In this point in time the 10 requested treatments would be excessive and exceeds the guidelines and not medically necessary. The guidelines do not recommend elective/maintenance care and the progress notes did not indicate any recurrences or flare-ups.