

Case Number:	CM14-0012059		
Date Assigned:	02/21/2014	Date of Injury:	03/05/2009
Decision Date:	06/26/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/30/2014

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 Board Certified in Chiropractics, has a subspecialty in Sports Chiropractics 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 injured worker is a 42 year old male who injured his neck and low back on 03/05/2009 while mounting tires on trucks. He is temporarily totally disabled. His diagnoses are lumbar and cervical radiculitis. On 11/2/2011 an MRI of the lumbar spine revealed L4-L5 disc protrusion 2-3mm with annular fissure and bilateral nerve root compromise; L5-S1 2mm disc bulge with bilateral nerve root compromise. On 11/2/2011 a MRI of the cervical spine was completed and revealed no significant abnormal findings. However, on 6/3/2013 the orthopedic surgeon states that the MRI of the cervical spine has been miss read. The report should state that there is disc pathology at C4-C5 and C5-C6 with compromise upon the neural elements and also disc collapse. The cervical spine exhibits spondylosis and junctional kyphotic deformity. On 12/07/2011 an EMG/NCV study reveals no significant abnormal findings. The treatment received so far has consisted of medications, physical therapy, lumbar and trapezius injections, acupuncture and chiropractic manipulation. He has apparently responded well to chiropractic manipulation. Surgery of the cervical spine was non-certified on 8/12/13. A home TENS unit was also supplied for pain. The medical doctor has requested chiropractic manipulation x 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: LOW BACK, ,

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation 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. Manipulation for the low back is recommended as an option for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6 to 8 weeks. Elective/maintenance care - not medically necessary. Recurrences/flare-ups - need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The requested treatment does not follow the MTUS Chronic Pain Guidelines, therefore requested treatment is denied.