

Case Number:	CM14-0013192		
Date Assigned:	02/24/2014	Date of Injury:	09/26/2013
Decision Date:	06/26/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 31 year old male who was injured on 09/26/2013 while performing his usual and customary occupation; a table fell off a stage and onto his mid to lower back. Prior treatment history has included completing an epidural steroid injection on 05/29/2013 giving him upwards of five months of significant pain improvement of greater than 60%. He remains on Flexeril and Ultram for breakthrough pain. Diagnostic studies reviewed include MRI of the thoracic spine dated 12/09/2013 which reveals single focal area of annular fissure central and right paracentral location with small disc protrusion of 1 mm at T9-10. MRI of the lumbar spine reveals a 4 mm L5-S1 disc extrusion with annular tear. Progress note dated 12/13/2013 documented the patient with complaints of constant moderate mid to low back pain which he describes as a 4-5/10. He also experienced intermittent to frequent radiating symptoms such as pain, tingling and numbness into his left lower extremity to the bottom of his foot. He also complains of intermittent frequent, slight to moderate thoracic spine pain. Objective findings on examination of the dorsolumbar spine reveal range of motion: flexion 52 degrees, extension 20 degrees, left lateral flexion 22 degrees, and right lateral flexion 26 degrees. There is pain at the end range of motion of all movements. Straight leg raise on the left at 45 degrees produces an increase of low back pain. Palpation of the thoracolumbar and lumbosacral paravertebral musculature reveals pain and hypertonicity, greater on the left. Reflexes and myotome patterns within normal limits. The L4 and L5 dermatomes hypoesthetic to pinwheel testing. Diagnostic Impression: 1. Myofascial sprain, strain of the lumbar spine. 2. Myofascial sprain/strain of the thoracic spine. 3. Aggravation of prior 4 mm extrusion at L5-S1 with lower extremity radiculopathy. 4. Paravertebral myofasciitis of the thoracolumbar spine. Treatment: He has completed his initial 10 visits and will be transitioning into more active care and rehabilitation. During his initial treatment in this office, he did show objective and subjective improvement. Progress note dated

01/07/2014 documented the patient with complaints of low back and left leg radiating symptoms. Objective findings on examination reveal he has nonspecific mid thoracic spine tenderness. He has persistent left sided lumbar spine discomfort with positive straight leg raise. UR report dated 01/03/2014 modified the request for 12 chiropractic visits 2 visits per week for 6 weeks. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) and a reduction in the dependency on continued medical treatment. Although improvement along these parameters was not documented, the 12/13/2013 report does demonstrate the needs for some additional chiropractic treatment. Therefore the request is modified to certify additional chiropractic treatments 2 x 3 for the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) CHIROPRACTIC VISITS, 2 VISITS PER WEEK FOR 6 WEEKS (2X6):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 106, 111, 115.

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

Decision rationale: Manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate the progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option Therapeutic care- Trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over a 6-8 week. Elective/maintenance care-not medically necessary. Recurrence/flare-ups- Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Pursuant to the diagnosis of lower back pain, there is not a clear goal outlined by the provider, within the records, specifying what functional improvements in capacity (ADLs) has been achieved thus far with the patient's initial 10 Chiropractic treatments, in fact, the record reflects the patient is beyond the initial two weeks for trial 6 treatments and beyond 6-8 weeks for additional treatment (injury date is 09/26/2013) with the patient still not returning to work (RTW). Additionally, the provider does not specify what functional improvements are anticipated for the patient with further treatment. Decision for 12 Chiropractic visits 2xweeks x6 weeks is not medically necessary.