

Case Number:	CM14-0110954		
Date Assigned:	08/01/2014	Date of Injury:	10/28/2005
Decision Date:	09/25/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation 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 54-year-old female who sustained an injury on 10/28/05. She reported tingling, numbness of both upper and lower extremities, muscle spasm in lower extremity, muscle weakness in upper and lower extremities according to a 05/09/14 report. Examination of Lumbar spine showed moderate midline tenderness extending from L3-S1. Additionally, moderate bilateral lumbar facet tenderness was noted, L4-5, L5-S1 left more than right. Mild left sacroiliac joint also noted. Thoracic and lumbar spine movements were painful. MRI of the lumbar spine dated 05/14/13 revealed L2-3, broad-based disc protrusion that abuts the thecal sac. Combined with facet and ligamentum flavum hypertrophy there is spinal canal narrowing as well as bilateral neuroforaminal narrowing. L3-4, broad-based disc protrusion that abuts the thecal sac. L4-5, 2mm spondylolisthesis of L4; it measures 2mm in flexion and 2mm in extension. L5-S1, central focal disc protrusion that abuts the thecal sac. The neuroforaminal are patent. As per the report of 6/10/14 the patient complained of pain affecting the neck, shoulder and low back. Past surgeries included left shoulder surgery on 12/14/11 and cervical surgery on 12/11/13. Past treatment included epidural block in 2011, which gave her 50% improvement in back and radiating lower extremity pain, diagnostic facet block and radiofrequency in 2012, both of which also gave her positive response. Diagnosis: left shoulder internal derangement, lumbar discopathy/radiculopathy, and cervical discopathy/ radiculopathy. As of April 2014 she was still undergoing work conditioning physical therapy for cervical spine twice a week. She also attended 5 sessions of chiropractic treatment in 2012. The request for Chiropractic Treatment Lumbar Spine 2x4 was previously denied. The request for Chiropractic Treatment Lumbar Spine 2x4 was previously denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment Lumbar Spine 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulations, physical medicine Page(s): 58, 98.

Decision rationale: According to the CA MTUS guidelines, Chiropractic Treatment may be appropriate for treatment of chronic pain patients, in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. For therapeutic care of the low back, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, additional treatments may be recommended. In this case, there is no record of prior chiropractic progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of the treatment in this injured worker. Furthermore, the injury is very old and yet there is no mention of the patient utilizing HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request would exceed the guidelines recommendation. Therefore, the request is not medically necessary.