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| Case Number: | CM14-0116659 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 07/09/2012 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 07/25/2014 |

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 Chiropractic, 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:

Upon review of the medical records provided the applicant is currently a 32 year old male who sustained an industrial injury that occurred on July 9, 2012 while employed as a floor technician for [REDACTED], he sustained an injury to his lower back. He was stripping and waxing the floors, he bent over to clean the wax out of the bottom of the vending machines and felt a sharp shooting pain in his low back. He continued to work with pain with restriction until May of 2013 when he quit his job position. Thus far, treatment has consisted of medication including Flexeril, Cyclobenzaprine, and Vicodin, injections, 24 sessions of physical therapy as per a medical report dated 7/9/12. An MRI of the lumbar spine revealed a 2.2 mm central focal disc protrusion that abuts the thecal sac. The neuroforamina are patent. L4/5 2.2 mm central focal disc protrusion that abuts the thecal sac. Upon review of medical report dated 7/9/12 and then 2/9/14 the applicant presented with complaints of low back pain that radiates to the bilateral legs with numbness, tingling, and weakness. He rates the severity of the pain as a 7/10. The pain occurs 100% of the day. Pain is worse with physical activities and alleviated with physical activities. Examination revealed lumbar spinal tenderness of the paraspinals, decreased ranges of motion of the lumbar spine, positive Straight Leg Raise Testing bilaterally at 20 degrees. A treating diagnosis was given as: lumbar spine musculoligamentous injury and lumbar spine radiculopathy. On 2/9/14 the treatment recommendations consisted of transdermal compounded medications to decrease pain/inflammation. Acupuncture treatment was recommended and multiple modality physical therapy. He is currently working with a different employer. In a utilization review report dated 7/9/14 the reviewer determined the requested chiropractic treatment two times per week for six weeks to the thoracic and lumbar spine was not medically necessary. The reviewer based the determination using the criteria of the CA MTUS 2009 Chronic Pain Medical Treatment Guidelines Manual Therapy & Manipulation. The rationale was

noted as there was no clear detail provided why additional care was requested and how this would be of added functional benefit compared to a daily home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x week x 6 weeks Lumbar and Thoracic Spine: Upheld

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

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

Decision rationale: There was no documentation with regards to any prior chiropractic treatment received. The applicant has remained symptomatic despite treatment with physical therapy, acupuncture, and medications. The records do indicate he is working in a new job. No further information was noted. The CA MTUS Chronic Pain Medical Treatment Guidelines-- 8.C.C.R. 9792.20-9792.26 MTUS Manual Therapy & Manipulation, pages 58-60, recommend chiropractic treatment to the low back as an option with a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The requested 12 sessions (2 xs per week for 6 weeks) of chiropractic treatment to the thoracic and lumbar spine 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 12 requested treatments would be excessive and exceeds the guidelines and not medically necessary, therefore not medically necessary. The guidelines do not allow a modification in treatment.