

Case Number:	CM14-0132887		
Date Assigned:	10/24/2014	Date of Injury:	03/27/2012
Decision Date:	12/15/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/19/2014

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 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 claimant is a 44-year-old female who was involved in a work injury on 4/3/2012. According to an initial evaluation report dated 3/25/2014 from [REDACTED], the injury was described as the claimant "was walking when she accidentally inverted her right foot intervals fell to the ground. At that point, she experienced immediate mid back and medial right ankle/knee pain. She had tried to treat herself with ultrasound, icing, massage, and taping, but in the ensuing days, she had progressive low back pain." The claimant underwent an orthopedic evaluation and was prescribed medication "without significant relief." The claimant underwent a course of physical therapy "without significant relief." An MRI of the lumbar spine dated 7/6/2012 reportedly demonstrated an L3/4 disc protrusion. It was also noted that the claimant "underwent acupuncture with slight but temporary improvement. She then started self-procuring acupuncture after going for 24 sessions. She underwent physical therapy at campus PT x6 sessions which helped." The claimant also underwent trigger point injections. A recommendation for an epidural injection was submitted and denied. The claimant was determined to be permanent and stationary on 10/3/2013. At the time of the 3/25/2014 evaluation the claimant complained of predominant right leg over low back pain. The claimant was diagnosed with L3/4 disc protrusion and bilateral lumbar facet syndrome with right lumbar radiculopathy. The recommendation was for 6 sessions of physical therapy. On 5/1/2014 [REDACTED] reevaluated the claimant. The claimant continued to note lower back pain with pain into the right lower extremity. The recommendation was that the claimant "would benefit with chiropractic myofascial release x6 sessions." At the time of the 6/5/2014 evaluation the claimant continued to note lower back pain in the recommendation was "authorization remains pending for physical therapy x6 sessions. Will schedule chiropractic myofascial release x6 sessions." On 7/15/2014 the claimant was reevaluated by [REDACTED]. Subjectively the claimant

"complains of increased right leg pain. Pain is described to be burning and quality. Reports difficulty sleeping for the past 2 nights-unable to get comfortable at night. Also has low back pain radiating down to her right leg and foot." The claimant "has completed 5 sessions of chiropractic treatment-last session will be on 7/16/2014." The recommendation was for 8 additional chiropractic treatments. This was denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic myofascial release for the lumbar spine (6 sessions): 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 Manipulation Page(s): 58.

Decision rationale: The medical necessity for the requested 6 additional chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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 6-8 weeks." The claimant completed 5 of 6 chiropractic treatments at the time of this request. It was noted that the claimant "complains of increased right leg pain" and "difficulty sleeping for the past 2 nights." There was no evidence of functional improvement as a result of the initial course of chiropractic treatment. Therefore, the medical necessity for the requested 6 additional treatments was not established.