

Case Number:	CM14-0135796		
Date Assigned:	08/29/2014	Date of Injury:	01/18/2013
Decision Date:	10/23/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/22/2014

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 Pain Management 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 43-year-old male who sustained an injury on 01/18/13. On 06/02/14, he presented with complaints of neck, low back, and bilateral shoulders. On 07/14/14, he complained of continued low back pain and tingling in the left leg. He also reported pain in his shoulders. He indicated some relief with medications but he feels that his condition has remained the same. On exam, gait was slightly antalgic. Cervical spine exam revealed tenderness, pain, and limited range of motion. He had slight weakness of dorsiflexors on the left. Lumbar spine revealed tenderness, pain, limited range of motion, and spasms. He had positive straight leg raising. Magnetic resonance imaging scan of lumbar spine dated 03/26/13 revealed a 4 mm herniated lumbar disc at L5-S1 displacing the exiting nerve root sleeve slightly on the left side. Electromyogram dated 12/11/13 revealed mild acute L5 radiculopathy on the left. Lumbar magnetic resonance imaging scan and x-ray reports of 04/10/14 were normal. Current medications include naproxen and Flexeril. Past treatment has included physical therapy and acupuncture with limited benefit. He has completed six chiropractic sessions, which was authorized on 06/19/14 and reported decreased pain level after each session and indicated 50% improvement. His diagnoses include cervical spine sprain/strain, myofasciitis, lumbar spine sprain/strain, myofasciitis with left lower extremity and radiculopathy. The request for additional chiropractic x 6, lumbar was denied on 08/04/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional treatments of Chiropractic for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, chiropractic treatment may be appropriate for treatment of chronic pain workers, 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, total of up to 18 visits over 6-8 weeks, may be recommended, but elective/maintenance care is not medically necessary. In this case however, the records show that the injured worker has had unknown numbers of physical therapy. He has also received 6 chiropractic treatments. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant new treatments. Furthermore, there is no mention of the injured worker utilizing a home exercise program; at this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Per guidelines, maintenance care is not medically necessary. Therefore, the request for six additional chiropractic treatments is considered not medically necessary or appropriate in accordance with the guidelines.