

Case Number:	CM14-0151922		
Date Assigned:	09/22/2014	Date of Injury:	09/12/2007
Decision Date:	12/08/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/17/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 51 year old female who sustained an industrial injury on 09/12/2007. The clinical note from 06/16/14 was reviewed. Her medications included Naprosyn 550mg once or twice daily. Her subjective complaints were that of her lower back. Pertinent examination findings included tenderness along the lumbosacral region. The left side was worse than the right side. She had muscle guarding and tenderness to palpation. She had limited forward flexion and positive straight leg raising test on the left side at 30 degrees of flexion. On the right side, it was positive at 60 degrees flexion. She had an antalgic gait. Diagnoses included chronic low back pain with radiculopathy of left lower extremity, spondylolisthesis multilevel with annular tears as well, a pseudo-bulge on the left central L4 nerve root and multilevel Anterolisthesis and retrolisthesis as well as right sided radiculopathy. The plan of care included chiropractic treatment to help mobilize her SI joint and reduce pain and Hydrocodone 10mg/325mg as needed. The clinical note from 02/15/14 was also reviewed. Her subjective complaints included loss of sensation of urinary and bowel control. The diagnoses included chronic low back pain with radiculopathy of left lower extremity, spondylolisthesis multilevel; with annular tears as well, a pseudo-bulge on the left central L4 nerve root and multilevel Anterolisthesis and retrolisthesis. The request was for Chiropractic treatment two times a week for four weeks, lumbar spine x-ray and chiropractic consultation. The claims administrator included 9 sessions of chiropractic treatment in prior treatments. There was no information about that in the notes submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two times a week for four weeks lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and Manipulation Page(s): 58.

Decision rationale: According to MTUS, Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For low back conditions, a total of upto 18 visits over 6 to 8 weeks is recommended. The employee had low back pain with radiculopathy, spondylolisthesis and annular tears at multiple levels. She had tried medications including Vicodin, Naprosyn and Hydrocodone. The notes don't include any details of recent chiropractic treatment or Physical therapy. Hence the request for Chiropractic consultation and Chiropractic treatments 2 a week for 4 weeks are medically necessary and appropriate.

Lumbar spine X-ray: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to ACOEM guidelines, imaging is recommended in the presence of objective findings of nerve compromise and with red flags. The employee had back pain for several years, with incontinence, radiculopathy symptoms and with positive straight leg raising test. There were no previous studies available in the submitted notes. Hence the request for lumbar spine X-ray is medically necessary and appropriate.

Chiropractic Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58.

Decision rationale: According to MTUS, Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For low back conditions, a total of up to 18 visits over 6 to 8 weeks are recommended. The employee had low back pain with radiculopathy, spondylolisthesis and annular tears at multiple levels. She had tried medications including Vicodin, Naprosyn and

Hydrocodone. The notes don't include any details of recent chiropractic treatment or Physical therapy. Hence the request for Chiropractic consultation and Chiropractic treatments 2 a week for 4 weeks are medically necessary and appropriate.