

Case Number:	CM14-0154217		
Date Assigned:	09/23/2014	Date of Injury:	07/11/2013
Decision Date:	10/24/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 licensed in Chiropractic, has a subspecialty in Acupuncture 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 documentation provided the applicant was a 54 year old female who sustained an industrial injury that occurred on July 11, 2013 while employed by [REDACTED]. The applicant is employed as a certified nursing assistant. The injury occurred while assisting a patient out of the bed and the patients knee buckled and while keeping her from falling the applicant felt a pinching pain on the right side of her mid back and that evening experienced a buzzing on the right medial ankle and numbness and tingling in between the 4th and 5th digits of her right foot. Thus far, treatment has consisted of physical therapy, acupuncture treatment, epidural steroid injections L4/5 and L5/S1 level, Tramadol, Norflex, Naproxen and Omeprazole, urine toxicology screen for dependence additional, opiate induced hyperalgesia and drug tolerance. Lumbar MRI dated 8/21/13 demonstrated age related degenerative changes most severe at L4/5 and L5/S1 without high grade central canal or neural foraminal narrowing, near complete disc height loss at L5/S1 with mild bilateral neural foraminal narrowing. There is contact with the disc with the exiting nerve root on the right without nerve root compression and the neural foramen remains patent. Lumbar spine x-ray dated 6/11/14 demonstrated near complete loss of disc height L5/S1, multilevel degenerative changes most significantly noted at L4/5 and L5/S1 and grade I spondylolisthesis L4/5. MRI of the lumbar spine dated 8/11/14 demonstrated multilevel degenerative disc disease, facet arthropathy without significant canal stenosis, mild bilateral foraminal stenosis at L4/5 and L5/S1, L5/S1 disc bulge contacting L5 nerve roots bilaterally. The applicants work status was temporarily totally disabled. On 9/3/14 chiropractic treatment was requested at a rate of three times per week for four weeks as well as medications were continued. The applicant presented with tenderness in the lower lumbar area to the right of midline, positive straight leg raise testing on the right. In a utilization review report dated 9/22/14 the applicant determined the proposed 12 chiropractic visits were non-certified.

The reviewer modified the initial request and six chiropractic visits for an initial course of treatment were certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: The applicant was a 54 year old female who sustained an industrial injury that occurred on July 11, 2013 while employed as a certified nursing assistant. The injuries are accepted to the back and bilateral hip pain with tingling and numbness of the hands and feet. She is considered temporary totally disabled at this time. Thus far, treatment has consisted of epidural steroid injections L4/5 and L5/S1 level, Tramadol, Norflex, Naproxen and Omeprazole, urine toxicology screen for dependence additional, opiate induced hyperalgesia and drug tolerance. Lumbar MRI dated 8/21/13 and 8/11/14 and lumbar spine x-ray dated 6/11/14. On 9/3/14 chiropractic treatment was requested at a rate of three times per week for four weeks as well as medications were continued. The applicant presented with tenderness in the lower lumbar area to the right of midline, positive straight leg raise testing on the right. The CA MTUS Chronic Pain Medical Treatment Guidelines-- 8.C.C.R. 9792.20-9792.26 MTUS Manual Therapy & Manipulation, pages 58-60, recommends 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 (3x per week for 4 weeks) of chiropractic treatment to the lumbar spine is not medically necessary and appropriate 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 exceeds the guidelines. The guidelines do not allow a modification in treatment.