

Case Number:	CM14-0164027		
Date Assigned:	10/08/2014	Date of Injury:	09/07/2013
Decision Date:	11/21/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/06/2014

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 61 year old female with a date of injury on 9/7/2013. Per records dated 2/6/2014, she underwent MRI of the lumbar spine without contrast which demonstrated (a) L4-L5: Grade 1 spondylolisthesis of L4 on L5. Bulging of the annulus and facet degenerative arthropathy. Mild narrowing of the inferior recess of the bilateral neural foramina, right greater than left. (b) L5-S1: bulging annulus. Facet degenerative arthropathy. Normal appearance of the central canal. Narrowing of the inferior recess of the right neural foramen. (c) L3-L4: bulging annulus. No compromise of the central canal or neural foramina. (d) L1-2: wide-based bulging of the annulus. The central canal and neural foramina appear normal. And (e) multiple stones are seen in the gallbladder lumen. She also underwent electromyography/nerve conduction velocity (EMG/NCV) on 4/25/2014 and results revealed normal nerve conduction velocity (NCV) but electromyography (EMG) was abnormal and demonstrated right mild active L5 denervation (clinically-radiculopathy) by electrodiagnostic criteria. Records dated 4/28/2014 state that the injured worker reported moderate low back pain rated at 3-4/10. She reported that her symptoms were the with discomfort in her low back. She also underwent her first chiropractic care. A lumbar spine examination noted limited range of motion in all planes with moderate spasm on the lumbar paraspinals, right greater than left. Records dated 8/7/2014 documents that she presented moderate pain in the low back rated at 3-4/10. She related that her symptoms have improved but continued to have pain in her right heel. She further stated that her low back pain was improving but still has discomfort with activity. On examination of the lumbar spine, range of motion was still limited in all planes but somewhat improved. Tenderness was still noted over the right lumbar paraspinals. A right foot examination noted tenderness over the plantar surface of medial calcaneus. Most recent records dated 9/8/2014 documents that she presented severe pain in the right foot and low back rated at 5-6/10. She reported that she has been attending

chiropractic sessions for the low back and reported that it was helping and would like more. On examination of the right foot range of motion was limited in all planes. Tenderness was noted with plantar fasciitis. She is diagnosed with (a) symptomatic L4-L5 loss of spinal segment integrity, (b) discogenic mechanical low back pain with right L5-S1 with neuroforaminal stenosis, and (c) right foot plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lumbar spine, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

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

Decision rationale: Evidence-based guidelines indicate that the maximum number of sessions for the low back is 18 visits over 6-8 weeks however elective/maintenance is not medically necessary and for flare-ups there is need to re-evaluate treatment success and if return to work is achieved then 1-2 visits are allowed every 4-6 months. Moreover, guidelines indicate that if chiropractic treatment is going to effective, there should be some outward sign of subjective or objective improvements. In this case, the injured worker already received a total of 24 chiropractic sessions for the low back. However records indicate that the pain levels of the injured worker related to the low back remained at 3-4/10 and there has been no significant improvements in the objective findings and there is no indication of functional improvements secondary to chiropractic sessions. Therefore, the medical necessity of requested chiropractic treatments for the lumbar spine two times a week for three weeks is not medically necessary.