

Case Number:	CM14-0170651		
Date Assigned:	10/23/2014	Date of Injury:	12/24/2008
Decision Date:	11/24/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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 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:

According to the available medical records, this is a 64 year old female with chronic neck and low back pain, date of injury is 12/24/2008. Previous treatments include medications, trigger points injections, TENS unit, physical therapy and home exercises. Progress report dated 08/28/2014 by the treating doctor revealed patient with complaints of constant low back pain that is sharp and stabbing and radiates in his bilateral lower extremities to the ankles, occasional lower extremity weakness with left greater than right, frequent cervical spine that radiates into bilateral shoulders with left greater than right. Cervical spine exam revealed decreased ROM with pain in rotations, positive Axial compression and cervical distraction test, decreased left C3-8 dermatomes, left upper extremities motor weakness. Thoracolumbar spine exam revealed positive paravertebral muscle spasm and spinous process tenderness over L3-4, positive SLR at 45 degrees, positive Braggard's test and Kemp's test on the left, diminished left DTR, decreased left L2-S1 dermatomes on the left. Diagnoses include lumbar spine herniated nucleus pulposus, cervical spine herniated disc. The patient has been on modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy sessions 2 times a week over 4 weeks, for cervical and lumbar spine QTY: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

Decision rationale: The claimant presents with chronic low back and neck pain despite previous treatments with medications, TENS unit, physical therapy, trigger point injection and home exercise. Although a trial of 6 chiropractic treatments over 2 weeks might be recommended by MTUS guidelines, the request for 8 chiropractic therapy sessions exceeded the guideline recommendations. Therefore, it is not medically necessary.