

Case Number:	CM14-0020555		
Date Assigned:	04/30/2014	Date of Injury:	12/09/2009
Decision Date:	07/08/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/19/2014

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 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:

The patient is a 64 year old male who was injured on on 12/09/2009. He sustained a cumulative trauma type of injury as a result of which he developed pain in his mid and lower back. He reports on one occasion, he injured his back while lifting trash cans and dumping the trash into a large container. He started feeling pain in his back afterwards. Prior treatment history has included chiropractic treatment once per week for 17 weeks and myofascial release once per week for 17 weeks. His medications include ibuprofen 500 mg 1 tablet once per day. Clinic note dated 01/23/2014 reports the patient complained of pain in his upper back which he described as tight, sharp and sore. He has constant pain in his lower back traveling to his bilateral legs which he describes as throbbing, sharp and sore. He rates his pain as an 8/10. He states his pain becomes aggravated with any movement and lifting over 20 pounds aggravate his pain. On examination of the cervical spine, there is mild paraspinal tenderness and spasms bilaterally at C1-C7 and T1 levels. He has mild spinal tenderness and spasms radiating to the arms bilaterally at C2-C7 and T1. Shoulder depressor test reveals pain on both sides. Range of motion of the cervical spine exhibits flexion to 45 bilaterally; extension to 55 bilaterally; cervical spine rotation to 65 bilaterally; and lateral tilt flexion to 35 bilaterally. Range of motion of the thoracic spine exhibits flexion to 55 (Active) and rotation to 25 bilaterally. At levels T3-T6, there is moderate paraspinal tenderness bilaterally. The lumbar spine is positive for Milgram's test bilaterally. Straight leg raise supine test produces pain at 15 degrees bilaterally. Extradural involvement / sciatic tension is positive on the right. At levels L3-S1, there is moderate tenderness bilaterally and spinal tenderness radiating to the right leg. Range of motion of the lumbar spine exhibits flexion to 55 bilaterally; extension to 15 bilaterally and lateral bending to L5 bilaterally. Diagnoses are cervical sprain with radiculitis, brachial neuritis or radiculitis, NOS; pain in the thoracic spine, lumbar sprain with radiculitis, lumbago, displacement of lumbar intervertebral

disc without myelopathy. The treatment and plan include a request for authorization for chiropractic manipulative therapy once per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC (1) TIME A WEEK FOR (6) WEEKS FOR THE LOWER BACK, UPPER BACK, AND BILATERAL LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: This is an old injury (12/09/2009). The patient has already had 17 Chiropractic and 17 myofascial release treatments. The guidelines do not allow for maintenance care. There is no documentation found in the records as to any improvement derived in functional capacity resulting from these 17 Chiropractic and myofascial release treatments or as to whether this request is for an exacerbation of the original condition or if this is a new injury. The request for Chiropractic visits, 1x week x6 weeks to the upper and lower back and bilateral lower extremities is not medically necessary.