

Case Number:	CM14-0028194		
Date Assigned:	06/13/2014	Date of Injury:	04/04/2008
Decision Date:	07/16/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/05/2014

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 58 year old male with a reported date of injury on 04/04/2008. The submitted documentation does not report the biomechanics of the original injury. The patient was determined permanent stationary on 01/05/2009. Nineteen PR-2 reports were provided for this review, with examination dates ranging from 10/02/2012 to 06/09/2014. Each PR-2 reports the patient was seen for recheck of back. The PR-2 reports of 12/10/2013, 01/14/2014, 02/10/2014, and 03/05/2014 each report indicates, "The patient has had better luck with chiropractic therapy than PT in the past and would like to return." The patient was seen for an Agreed Medical Reevaluation and the report of 02/05/2014 indicates the patient had remained off work since April of 2008. He continued with lower back pain which he said was not better, and he ambulated with a wheeled walker. Per examination, heel and toe walk were accomplished but with complaints of pain. He had tenderness right greater than left lower lumbar, right greater than left sciatic notch and sacroiliac areas; lumbosacral range of motion: extension 15/25, flexion 50/60, right lateral bending 20/25, and left lateral bending 20/25; seated straight leg raising negative at 90 bilaterally; straight leg raising in supine position positive at 40 bilaterally; lower extremity DTRs 0-1+ symmetrical, no sensory change in the lower extremities; testing of ankle strength in dorsi flexion, plantar flexion, great toe flexion and extension is inconsistent and breakaway so testing is invalid. Knee examination was unremarkable. The diagnosis was reported as lumbar strain with lumbar radicular complaints. The most recent PR-2 submitted for this review, 06/09/2014, notes the patient returned for re-check back "hurting." Lumbar range of motion is reported as: flexion 60, extension 10, bilateral rotation 50; + straight leg raise on left, DTRs 1+ UE/LE, diminished sensation of the left leg with pinprick compared to the right in the L5 dermatomal distribution, diminished sensation bilaterally in both lower extremities left worse than right. Diagnoses are reported as degeneration of lumbar or lumbosacral intervertebral disc

(722.52), degeneration of intervertebral disc site unspecified (722.6), lumbago (724.2), and sciatica (724.3). The patient had treated on an unreported number of prior chiropractic treatment sessions, but submitted documentation does not provide evidence of efficacy with care rendered. There is a request for 12 chiropractic treatment sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 12 SESSIONS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic pain if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The request for 12 chiropractic treatment sessions exceeds the MTUS Chronic Pain Guidelines' 6-visit trial of manual therapy and manipulation recommendation. The patient had treated with prior chiropractic care on an unreported number of treatment sessions. There is no documentation reporting evidence of objective functional improvement or record of treatment success with prior chiropractic care, there is no evidence of an acute flare-up, and elective/maintenance care is not supported. Therefore, the request is not medically necessary and appropriate.