

Case Number:	CM14-0031741		
Date Assigned:	06/20/2014	Date of Injury:	02/13/2004
Decision Date:	07/17/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 60-year old male born on [REDACTED]. On 02/13/2004, while using significant force to tighten a connection, he felt a pain in his lower back. He was initially treated at an industrial clinic with anti-inflammatory medications without significant improvement. For several years he has treated with anti-inflammatory medications, epidural injections, physical therapy, chiropractic, and lumbar decompression surgery 06/2012. A lumbar spine MRI was performed on 04/20/2011 with the impression noted as L5-S1 3 millimeter anterolisthesis, unchanged since the previous examination (04/18/2008), left laminotomy-laminectomy defect with considerable enhancing granulation tissue within the region of the left neural canal and neural foramen, and the spondylolisthesis and some facet arthropathy contributes to narrowing of the neural foramen. The patient underwent lower extremity electromyography on 07/27/2013 revealing electromyographic evidence to suggest the presence of a left-sided L5-S1 lumbosacral radiculopathy; with comparison to the previous EMG study performed on 08/21/2012 there was improvement in the right lower extremity with no denervation seen. Lower extremity nerve conduction studies were performed on 08/27/2013 with the impression noted as a normal study of the bilateral lower extremities, normal NCV of the peripheral nerves of the bilateral lower extremities, and no electrodiagnostic findings to suggest the presence of a mononeuropathy, peripheral neuropathy, or lumbosacral plexopathy. On 11/22/2013, the patient was seen in follow-up consultation, status post lumbar decompression, June 2012. Lumbar range of motion: flexion 60% of normal, extension 50% of normal, left and right lateral tilt 50% of normal, and left rotation 40% of normal; right EHL 4+/5, right eversion 4+/5; left EHL 4+/5; left eversion 4+/5; diminished sensation right greater than left L5 and S1 dermatomal distributions; and positive straight leg raise right for pain to foot at 45 and left for

pain to distal calf at 45. Diagnoses were noted as neural encroachment L5-S1 with radiculopathy and status post remote lumbar decompression, June 2012. The patient was deemed permanent and stationary. Per primary treating physician's report of 01/03/2014, the patient remained with low back pain, left greater than right lower extremity symptoms, 6/10 scale. Lumbar ranges of motion were noted as: flexion 50% of normal, extension 40% of normal, left and right lateral tilt 40% of normal, left rotation 50% of normal; lower extremity neurologic evaluation essentially unchanged; positive straight leg raise bilaterally; and difficulty arising from seated position. On 01/03/2014, diagnoses were noted as neural encroachment L5-S1 with radiculopathy, and status post remote lumbar decompression, June 2012. The patient presented for chiropractic care on 06/09/2014, reportedly with authorization for 12 chiropractic visits relative to low back pain radiating to lower extremities. By examination there was pain with lumbar range of motion (no degrees of motion reported), decreased to pinprick sensation at the left L5 and S1 dermatomes as compared to the right, straight leg produced lower back pain (degrees not reported) with trace radiation into the lower extremities. On 06/09/2014, the diagnosis was noted as status post lumbar surgery. The plan included 12 chiropractic/physiotherapy visits as authorized (specific treatment modalities were not reported). Lumbar spine x-rays were performed on 06/11/2014 with the conclusions noted as: 1) L1/2 mild degenerative disc disease, 2) L5/S1 grade 1 degenerative spondylolisthesis, 3) L4/5 and L5/S1 percent osteoarthritis, 4) possible old partial avulsion and calcific rectus femoris tendinosis, and 5) mild anterolateral lumbar spondylosis, and 6) postural changes. There is a request for additional chiropractic therapy to the lumbar spine at a frequency of 3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy to the lumbar spine 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

Decision rationale: The request for additional chiropractic treatment sessions is not supported to be medically necessary. This patient has treated on an unreported number of prior chiropractic treatment sessions without evidence of objective functional improvement with care rendered. MTUS (Medical Treatment Utilization Guidelines) supports up to 6 visits during a 2-week trial of manual therapy and manipulation, with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. 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. In this case, there is no evidence of measured objective functional improvement with past chiropractic care rendered, there is no evidence of an acute flare-up or new condition, and elective/maintenance care is not medically necessary; therefore, the request for additional chiropractic treatment sessions at a frequency of 3 times per week for 4 weeks exceeds guidelines recommendations and is not supported to be medically necessary.

