

Case Number:	CM14-0036308		
Date Assigned:	06/25/2014	Date of Injury:	09/27/2013
Decision Date:	08/20/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/25/2014

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 a Board Certified Chiropractor and is licensed to practice in New York. 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 applicant was a 38 year old male when he sustained a work related injury that occurred on September 27, 2013 while employed by [REDACTED]. He works as an installer/driver/customer service. The applicant was taking a 4ft ladder out of the back of the truck and he felt something pop like a rubber band. He continued to work and his pain has worsened. A few weeks later in the middle of October of 2013 he was getting out from under a house and a pop sensation was felt then pain at the right middle lateral rib area. The claimant's treatment has consisted of 12 chiropractic sessions, orthopedic, physical therapy and was diagnosed with dorsal sprain/strain, sprain lumbar region. The medical records indicated that chiropractic treatment was tolerated. X-rays of the thoracic and lumbar spine were indicated as being normal. Pain medications and muscle relaxants have been prescribed. There is a past medical history significant for diabetes, high cholesterol and thyroid disease. A medical evaluation dated 11/13/13 and 11/18/13, states that the applicant was evaluated for a 6 week old back injury. The applicant made references to mid and lower back pain, dull in nature, and intermittent and moderately severe. Symptoms are exacerbated by motion and bending and lessened by medication and rest. There is no paresthesias, the back pain does not radiate, there is limited back motion complaints, there is no leg weakness and there is no numbness or tingling of the lower extremities. He ambulates with a normal gait, has normal posture, no loss of lumbar lordosis, there were no thoracolumbar spasms and paravertebral musculature. There was tenderness of the thoracolumbar spine and motion was restricted in all planes of motion. A diagnosis was given as: thoracic and lumbar sprain/strain and intercostal strain. Chiropractic care was requested. Maximum medical improvement was expected to be reached on 12/26/13. Applicant was referred for chiropractic evaluation and treatment three times per week for two weeks due to decreased impaired functional mobility, decreased range of motion, postural dysfunction and/or impaired movement

patterns and provocation of pain with functional mobility range of motion. Upon review of medical evaluation report dated 12/2/13 the applicant subjectively complained of low back pain which was a 3/10. The pain is on and off and aggravated by activity, walking and prolonged sitting and better with rest. Examination revealed the following pertinent negatives: normal reflexes of the lower extremities +2, ranges of motion were very mildly decreased by 5 degrees, Kemps was indicated as being positive. There was no indication of any objective radicular findings or complaints with Kemps. There was no muscle weakness of the bilateral lower extremities. In a medical report dated 1/9/14 the claimant references mid/lower back pain with no improvement and not radiation. The documented examination reveals a normal gait. The claimant is able to walk on heels and toes without difficulty, pelvis was level, no loss of normal lumbar lordosis, lumbar ranges of motion were mildly decreased in extension and lateral flexion only. There was no reflex deficits, weakness, or sensory deficits. The applicant is still employed by this company. Following the 9/27/13 injury he continued working through November 18, 2013 at which he was placed off from work by his manager. Upon review of chiropractic treatment notes dated 1/23/14-3/4/14 there was a subjective complaints of only mid back pain, on 2/24/14 there were additional complaints of lower back pain indicated as well. There were no objective clinical findings indicated and the treatment plan included massage, muscle stimulator, spinal adjustments, infra-red and traction. In a utilization review dated 3/12/14 the reviewer determined additional requested 8 chiropractic sessions to the lower back were not medically necessary. The reviewer indicated that the applicant has already received considerable chiropractic care to cure or relieve symptomatology with no evidence that additional treatment will significantly affect the treatment outcome. Chart notes reviewed on the applicant did not provide substantial evidence to support objective findings to support continued treatment. There is no evidence that he was unable to perform an independent self directed home exercise program for any remaining aches and pains, rather than the continuation of skilled chiropractic intervention. The proposed treatment was medically unnecessary and not supported by the chiropractic guidelines. The reviewer references the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) guidelines chapter 12 regarding the lower back and references the California Medical Treatment Utilization Schedule (MTUS) guidelines which allows for a trial of 6 visits to the lumbar spine with evidence of objective functional improvement. The reviewer indicated this has not been documented, therefore, the request is not supported and medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic sessions 2x4 for low back QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8.V.V.T. 9792.20-9792.26 Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: Although there were subjective complaints to the lumbar spine there was no objective clinical findings to substantiate the need for any further chiropractic treatment. The

applicant has received 12 chiropractic treatment visits. Additional chiropractic treatment at this point in time has been utilized to their maximum for the expected results and to continue their implementation on a supportive basis is not sanctioned under the guidelines. Elective maintenance care is not medically necessary.