

Case Number:	CM14-0042965		
Date Assigned:	06/30/2014	Date of Injury:	01/05/2012
Decision Date:	08/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/09/2014

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 Licensed Chiropractor 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 42 year old female who was injured on 01/05/2012 when she twisted her back while she was doing heavy lifting. Diagnostic studies reviewed include MRI of the lumbar spine dated 11/22/2012 revealed disc desiccation at L1-L2, L2-L3 and L4-5 with associated loss of disc height at L2-L3 level; hemangioma at L5; straightening of the lumbar lordotic curvature which may reflect an element of myospasm; L2-L3 circumferential disc herniation which causes stenosis of the spinal canal; L4-L5 broad based disc protrusion with prominent left paracentral component which causes stenosis of the spinal canal and left neural foramen. Progress report dated 03/05/2014 indicates the patient presented with decreased range of motion of the lumbar spine exhibiting flexion to 41 degrees; extension to 14. Left leg weakness with spasms and positive straight leg raise to 30 on the left and 35 on the right. She has positive Kemp's test on the left. Diagnoses are cervical injury, thoracic sprain/strain, and lumbar sprain/strain. Prior utilization review dated 03/28/2014 states the request for Chiropractic sessions once per week for 12 weeks for cervical, thoracic and lumbar was not authorized as the patient requires another modality of treatment as she reported a pain scale of 9/10 with chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions once per week for 12 weeks for cervical, thoracic and lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: A review of the records indicates this patient date of injury to be 01/05/2012. The request is for 12 Chiropractic treatments/visits on a 1x per week x12 weeks. The records indicate this patient was treated with chiropractic therapy previously for Lumbar, Thoracic, and Cervical sprain/strains. The records also document this patient to be symptomatic. The provider's report indicated positive lumbar objective findings. The records also document a pain scale drawing by the patient on 03/05/2014 indicating her pain level to be 9/10 VAS. These objective findings and the patient's subjective pain scale rating appear to be inconsistent with known data regarding healing of these types of injuries. The CA MTUS guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate the progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option Therapeutic care- Trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over a 6-8 week. Elective/maintenance care- Not medically necessary. Recurrence/flare-ups- Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Injuries, such as suffered by this patient, have benefited with use of passive manual therapy such as Chiropractic therapy however use of this therapy is not recommended and does not meet the CA MTUS guidelines this far past the date of injury. The decision for 12 Chiropractic 1x week x 12 weeks for the Cervical, Thoracic and Lumbar spine is not medically necessary.