

Case Number:	CM14-0044041		
Date Assigned:	07/02/2014	Date of Injury:	05/13/2010
Decision Date:	07/31/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 licensed in Chiropractic Services 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 45-year-old male, born on [REDACTED], with a date of injury on 01/13/2010. The chiropractor's 09/26/2013 PR-2 (09/26/2013 examination date) reports the patient was experiencing low back sciatic pain that radiated down his left foot, rated 7/10 in intensity. He walked with a slow gait and was hesitant taking a step. He reported back pain moderate nature on a daily basis and receive some pain relief by icepack applications and rest. By examination lumbar spine range of motion was reduced by 35%, positive SLR test on the left for sciatic trajectory and nerve root compression at L5-S1, and he was capable of approximating his fingertips to 17" from the floor with moderate L5 pain. Diagnoses were ported as lumbosacral sprain/strain (846.0), lumbar IVD syndrome (722.10), and lumbar radiculitis/sciatica (722.10/724.3). The patient treated with 98940, 97110, 97012, and 97014 with post-treatment improved ROM, by 10% and VAS reduced to 5/10. The chiropractor's 10/24/2013 PR-2 (10/24/2013 examination date) reports complaints of constant low back and sciatic pain rated 7/10. By examination lumbar range of motion was reduced by 35%, there was moderate muscle guarding of the lumbar region with tenderness at L5-S1, muscle strength was 3/5, and there was positive SLR test for nerve tension of L5-S1. The patient treated with 98940, 97110, 97012, and 97014 with a reported 10% improvement in lumbar function, muscle strength improved to 4/5, and VAS pain level reduced to 5/10. The chiropractor's 01/14/2014 PR-2 (12/18/2013 examination date) reports moderate constant low back and sciatica pain rated 7/10. Lumbar spine range of motion was decreased by 35%, positive SLR test at 30, moderate muscle guarding of the lumbar region with tenderness at L5-S1, and muscle strength 3/5 were reported. The patient treated with 98940, 97110, 97012, and 97014 with reported post-treatment lumbar function improvement of 10%, muscle strength improved to 4/5, and VAS reduced to 5/10. The chiropractor's 02/25/2014 PR-2 (01/16/2014 examination date) reports constant low back pain

rated 7/10. Lumbar spine range of motion was reduced by 35%, moderate muscle guarding of the lumbar spine with tenderness at L5-S1, loss of lumbar motor strength graded 3/5, and nerve tension of L5-S-1 with SLR test were reported. Treatments to date reportedly gave the patient some relief of pain with slight improvement in lumbar ROM. After treatment on 02/13/2014 the pain level reduced to 4/10, Range of Motion (ROM) improved by 10% and muscle strength improved from 3/5 to 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 x week x 2 weeks: Upheld

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

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

Decision rationale: MTUS (Medical Treatment Utilization Guidelines) supports up to 6 visits of manual therapy and manipulation in the treatment of low back chronic pain complaints 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. In this case, the patient has treated with chiropractic care on an unreported total number of treatment sessions. The submitted records indicate the patient treated with continuing chiropractic care in September 2013, October 2013, December 2013, January 2014, and February 2014. The submitted documentation does not provide evidence of measured objective functional improvement with chiropractic care rendered during a 6-visit treatment trial or ongoing, there is no evidence of an acute flare-up or new condition, and elective/maintenance care is not supported; therefore, the request for chiropractic treatment at a frequency of 1 time per week for 2 weeks is not supported to be medically necessary. Additionally, since October 2013 the patient typically treated with chiropractic care on a monthly basis, exceeding MTUS guidelines recommendations of 1-2 visits every 4-6 months. The requested treatments are not supported by MTUS.