

Case Number:	CM14-0044100		
Date Assigned:	07/02/2014	Date of Injury:	06/20/2006
Decision Date:	08/29/2014	UR Denial Date:	03/21/2014
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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 49-year-old male who reported an injury on 06/20/2006. The mechanism of injury was not provided in the medical records submitted for review. The injured worker's diagnoses included displacement of thoracic or lumbar intervertebral disc without myelopathy, lumbosacral neuritis, NOS, sprain lumbar region, chondromalacia patellae, status post lateral lumbar interbody fusion at L4-5 with cage, bilateral lower extremity radiculitis and right knee patellofemoral arthralgia. Previous treatments included home exercise program and chiropractic treatments. Diagnostic studies included computerized tomography (CT) scan of the lumbar spine dated 04/03/2014; unofficial results revealed 2-3mm disc bulge with facet arthropathy and stenosis and an x-ray of the lumbar spine, date note provided, unofficial results noted good positioning of the hardware at L4-L5. Surgical history included lumbar interbody fusion at L4-5 with cage on 06/26/2009. It was noted on the progress report dated 02/28/2014 the injured worker complained of flare-up of the lumbar spine that is increased while standing and slightly bending forward but denied numbness and tingling in the bilateral lower extremities. The injured worker reported 8/10 to 9/10 on the pain scale and described the pain as severe, constant, and achy. The objective findings were noted as slight tenderness to palpation over the bilateral sacroiliac joints and bilateral paravertebral musculature. The straight leg raising test was negative bilaterally. Active range of motion of the lumbar spine revealed flexion 37 degrees, extension 16 degrees, right/left side bending 15 degrees and sensation was intact bilaterally. The deep tendon reflexes were trace in the patella bilaterally and 2+ in the Achilles bilaterally. The injured worker was noted positive for joint pain and muscle spasms. It was noted on the progress report dated 06/06/2014, range of motion of the lumbar spine revealed flexion 40 degrees, extension 16 degrees, and right side bending 20 degrees, left side bending 18 degrees. Medications included Norco 10/325mg 4 times a day as needed and Flexeril 10mg twice a day.

The provider recommended chiropractic manipulation of the low back, quantity 8. The rationale for the requested treatment plan was due to flare-up of the lumbar spine. The request for authorization form dated 03/12/2014 was provided in the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation of the low back, QTY: 8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: The injured worker has a history of chronic low back pain and reported recent flare-ups as noted on the clinical note dated 02/28/2014. The California MTUS Guidelines recommend chiropractic treatment for the low back for chronic pain if caused by musculoskeletal conditions. The Guidelines state, therapeutic care, recommended as an option, of the low back consists of a trial of 6 visits over 2 weeks then with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks would be warranted. The Guidelines further state to reevaluate treatment success for recurrences/flare-ups and if return to work (RTW) is achieved then 1-2 visits every 4-6 months would be warranted. The documentation provided noted improvement with range of motion to the lumbar spine in the areas of flexion and right and left side bending with chiropractic treatment. The injured worker previously completed 6 sessions of chiropractic care, additional sessions would be warranted. The requested 8 sessions would be within the guideline recommendations. As such, the request for 8 sessions of chiropractic manipulation of the low back is medically necessary.