

Case Number:	CM14-0044737		
Date Assigned:	06/23/2014	Date of Injury:	03/10/2009
Decision Date:	07/24/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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 Medicine, 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 who was injured on March 10, 2009. He sustained an injury from a fall. Prior medication history included Norco 10/325 mg, Diclofenac, Prilosec, Neurontin 600 mg, and Soma. The patient underwent a spinal fusion at the L3-L4 level with a right laminectomy; spinal fusion, laminectomy, and discectomy at the L4-L5 levels. Diagnostic studies reviewed included CT of the lumbar spine without contrast dated January 27, 2014 revealed no specific abnormality identified at the T12-L1, L1-L2, and L2-L3 levels. No impingement on the thecal sac or nerve roots at these levels is identified. There was left facet joint hypertrophic changes resulting in moderate severe left neural foraminal stenosis with slight impingement on the left L3 nerve root. SOAP note dated February 28, 2014 indicates the patient complained of pain with associated tingling, numbness, and weakness in the legs and feet. He rated his pain as 7/10. He described his pain as throbbing, dull, cramping and burning. On exam, the lumbar spine reveals range of motion to forward flexion to 15 degrees; extension to 5 degrees; and side bending to 10 degrees on the left and right. Rotation is limited. Inspection of the lumbar spine revealed no asymmetry. There is sciatic notch tenderness. Straight leg raise test is positive bilaterally in the seated and supine position to 45 degrees. Motor strength is normal. Deep tendon reflexes are symmetric at 1+/4 in the bilateral lower extremities. Diagnoses are post-laminectomy syndrome, lumbar region, and opioid type dependence. The plan is chiropractic physiotherapy as it has helped in the past. Medications prescribed were Norco 10/325, Hydrocodone, Gabapentin, omeprazole, and orphenadrine. Prior utilization review dated March 7, 2014 states the request for 10 sessions of chiropractic physiotherapy between March 4, 2013 and April 17, 2014 was not authorized as it exceeds the limitations of the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of Chiropractic Physiotherapy: 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 is for continued chiropractic treatment visits twice weekly for five weeks for a total of ten chiropractic physiotherapy treatments. This patient is clearly at a chronic point in her treatment. The Chronic Pain Medical Treatment Guidelines would recommend the following: -Frequency: one to two times per week as indicated by the severity of the condition. Treatment may continue at one treatment per week for the next six weeks.- Maximum duration: eight weeks. At week eight, patients should be reevaluated. "Care beyond eight weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at one treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered 'maximum' may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond four to six visits should be documented with objective improvement in function. The requested care doesn't conform to chiropractic treatment guidelines. The request for ten sessions of chiropractic physiotherapy is not medically necessary or appropriate.