

Case Number:	CM14-0044807		
Date Assigned:	06/23/2014	Date of Injury:	11/13/2003
Decision Date:	07/22/2014	UR Denial Date:	03/14/2014
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 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 66-year-old male, born on [REDACTED]. On 11/13/2003, while working on a ladder trying to install an electrical damper in a ceiling, the patient twisted his neck and his back awkwardly and it caused sharp stabbing pain in his neck and low back. The patient informed his foreman he was going to go home and see his chiropractor. On 11/04/2009 the patient was seen in agreed medical evaluator (AME), the patient reported constant pain in the neck, worse with movement, and constant pain in the lower back with intermittent numbness in the left lower extremity, worse with lifting, bending and stooping. The patient informed the examiner he had treated with chiropractic care from 02/12/2007 to the present (11/04/2009). From 06/20/2008 through 08/04/2008 he treated with a chiropractor in Massachusetts. Following examination on 11/04/2009, the patient was diagnosed with C6-7 severe disc collapse and facet disease, C5-6 congenital fusion with calcified ligament and moderate stenosis, L5-S1 slight to moderate disc collapse and facet disease, slight lumbar spondylosis, and L3 to S1 disc desiccation. Electrodiagnostic studies were performed on 11/04/2009 with findings of electrophysiological evidence of moderate bilateral L5 sensory radiculopathy more severe in the left compared to the right, and electrophysiological evidence of moderate left S1 sensory radiculopathy. The patient had treated with chiropractic care since at least 12/21/2006. The chiropractic progress report of 03/11/2014 notes the patient's complaint as grade 2/10 dull left lower back pain with intermittent grade 8/10 sharp pain, and 4-6/10 intermittent dull to sharp neck and mid back pain. The chiropractor reported, "I have now completed the 24 visits that were authorized over the last year." On lumbar examination on 03/11/2014 the patient had mild limitation of lumbar extension with all other movements full with mild pain in his lower back on flexion and left and right lateral flexion; the patient was neurologically intact in the lower extremities with the exception of a decrease in sensation to pinprick along the L3 dermatome; Kemp's test, Yeoman's

test, Patrick Fabere, Braggard's and slump test were negative; straight leg raise 75 bilaterally, piriformis muscles were tight with one to two plus tenderness, psoas muscles were grade 5/5 strength, two plus tenderness with pressure applied to the left sacroiliac joint, one to two plus over the right sacroiliac with point tenderness over the left L3-L4 facet joint, and joint dysfunction of the sacroiliac joints and L3. By cervical examination on 03/11/2014 flexion range of motion was full with no pain through his neck, 80% of extension with dull pain at C4, full bilateral lateral flexion with no pain; 75% left and right rotation with mild neck pain on right rotation, neurologically intact in the upper extremities. Shoulder depression test pulled the opposite side bilaterally, compression and distraction negative, two plus tenderness at the insertion of the right levator scapulae and one plus on the left, and joint dysfunction with point tenderness at C4, C7, T4 and T6. A lumbar spine MRI (magnetic resonance imaging) was performed on 06/04/2014 with findings of multifactorial central canal stenosis and lateral recess stenosis at L3-4 and L4-5, and lateral recess narrowing noted at L5-S1. There is a request for 24 chiropractic manipulation sessions over one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWENTY-FOUR (24) CHIROPRACTIC MANIPULATION SESSIONS OVER ONE (1) YEAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

Decision rationale: The request for 24 chiropractic manipulative treatment session over one year is not supported to be medically necessary. This patient has been treated on an unreported number of prior chiropractic treatment sessions. Over the last year, he has treated with chiropractic care on 24 visits. The submitted chiropractic records do not provide evidence of objective functional improvement with care rendered. The MTUS guidelines support up to six visits during a two weeks trial of manual therapy and manipulation, with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. 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 one to two visits every 4-6 months. In this case, there is no evidence of measured objective functional improvement with past chiropractic care rendered, there is no evidence of an acute flare-up or new condition, and elective/maintenance care is not medically necessary; therefore, the request for 24 chiropractic manipulative treatment sessions over one year is not supported to be medically necessary.