

Case Number:	CM14-0054802		
Date Assigned:	07/11/2014	Date of Injury:	09/30/2001
Decision Date:	09/17/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/24/2014

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 New York. 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:

Upon review of the medical records provided, the applicant was a 62-year-old female involved in an industrial injury to the lower back and right knee that occurred on 9/30/2001. Thus far, treatment has consisted of orthopedics, physical therapy, pain management treatment, diagnostic studies, left sacroiliac joint corticosteroid infusion under fluoroscopic guidance, left sacroiliac arthrography, L5/S1 translaminar epidural corticosteroid infusion under fluoroscopic guidance, lumbar epidurogram. Diagnostic studies including: X-ray of the lumbar spine dated 5/12/03 revealing no fracture or subluxation, CT scan of the lumbar spine dated 11/3/11 demonstrating no acute fracture or subluxation in the lumbar spine, no soft tissue hematoma. X-ray of the lumbar spine dated 12/24/12 indicating a questionable bilateral pars defects of L5. MRI of the lumbar spine performed on 10/10/01 demonstrating an essential normal examination except for mild broad based disc bulging present at L5/S1, which results in no significant central spinal canal or neural foraminal stenosis. There is no evidence of disc herniation. There is mild disc desiccation at L5/S1. EMG/NCV of the lower extremities dated 3/4/02 demonstrated abnormal NCV of the bilateral lower extremities. EMG/NCV of the lower extremities dated 10/20/03 revealed absent H reflex bilaterally accompanied by active denervation seen in S1 dermatomes bilaterally consistent with bilateral S1 radiculopathy. Most recent MRI of the lumbar spine dated 11/12/13 revealed disc bulge L3/4 with mild far left lateral component, mild bilateral lateral recess narrowing mild right and moderate left neural foraminal narrowing, mild annular bulge L4/5 with mild facet hypertrophy and ligamentum flavum thickening, mild bilateral lateral recess and neural foraminal narrowing, a mild broad based posterior disc bulge at L5/S1 with mild right greater than left lateral recess narrowing and mild right greater than left neural foraminal narrowing. The applicant was also involved in a motor vehicle accident that occurred in 2008 resulting in musculoskeletal pain. An MRI of the lumbar spine was performed on 6/24/99

demonstrating pre-existing posterolateral cortical spurring compromises left L4/5 neural foramen in region of exiting L4 left spinal nerve. Upon review of orthopedic examination report dated 12/17/13 the applicant presented with complaints of ongoing pain and stiffness to the lumbar spine radiating down the leg with numbness and tingling to the lower extremities. She was not working at this time. Lumbar spinal examination revealed tenderness to the para-axial musculature with spasticity. There was referred pain to the buttocks and lower extremities, difficulty with heel and walk, lumbar ranges of motion were limited in all planes. Straight leg raising was positive at 4 degrees, Lasegue testing was positive bilaterally and sciatic notch pressure is accompanied with pain. Extensor hallucis longus, digitorum longus and tibialis anterior strengths are graded 5/5 bilaterally, patellar and achilles reflexes are normal, decreased sensation of L4,5 and S1 nerve roots on the right and left. The applicant's disability status was permanent and stationary. She was referred for a spine surgical consultation. Upon review of orthopedic examination report dated 3/28/14 the applicant continued to present with lower back pain with tingling and numbness sensation. This occurs at the anterolateral thigh calf and dorsum and dorsolateral surface of left foot and sometimes on plantar lateral surface of left foot. Thoracolumbar examination demonstrated no lumbar muscle spasm, locally tender over the lumbar spine, tenderness over both sciatic, ranges of motion of lumbar spine were restricted, straight leg raise testing bilaterally supine and seated were both negative, lower extremity reflexes were symmetrical, there was no lower extremity muscle weakness. There was slight decreased sensation over left lower limb mostly of the anterolateral surface of left leg and dorsum and dorsolateral surface and plantar lateral of the left foot. A diagnosis was given as: degenerative disc disease with facet joint arthritis of the lumbar spine per MRI at multiple levels. Low back pain with left lower limb radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulative Therapy 2 x per Week x 6 Weeks: 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 8.C.C.R. 9792.20-9792.26 MTUS Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The applicant was a 62 year old female involved in an industrial injury to the lower back and right knee that occurred on 9/30/2001 while employed by [REDACTED] as a general worker. Thus far, treatment has consisted of orthopedics, physical therapy, pain management treatment, diagnostic studies, left sacroiliac joint corticosteroid infusion under fluoroscopic guidance, left sacroiliac arthrography, L5/S1 translaminar epidural corticosteroid infusion under fluoroscopic guidance, lumbar epidurogram. Right knee arthroscopy was authorized as well. In a utilization review report dated 4/1/14, the reviewer determined the proposed chiropractic manipulative therapy 2x per week for 6 weeks to the lumbar spine was not medically necessary. This was based upon the CA MTUS Chronic Pain Medical Treatment Guidelines Manual Therapy & Manipulation. Based upon the review of the medical records provided, the clinical presentation of this applicant, treatment history and the utilization review,

the proposed 12 chiropractic treatment visits are not sanctioned under the CA MTUS Chronic Pain Medical Treatment Guideline Manual Therapy & Manipulation. The guidelines reference that treatment is recommended to the lower back as a option. Therapeutic care- a trial of 6 visits over two weeks with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The applicant has not returned to work, has been referred for a surgical spinal consultation and as well as the continued lumbar complaints with radiating pain has remain unchanged. The requested treatment (12 visits) exceeds the guidelines and therefore, is not certified. The guidelines do not allow a modification in treatment. As such, the request is not medically necessary.