

Case Number:	CM14-0064235		
Date Assigned:	07/11/2014	Date of Injury:	09/25/1995
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/06/2014

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 Chiropractor 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:

This is a case of a 52-year old male who has filed a claim for central and left paracentral disc protrusion L4-L5 with lateral recess stenosis, left lateral disc protrusion L5-S1 with neural foraminal stenosis, central disc protrusion, lumbar facet joint pain and arthropathy, lumbar degenerative disc disease, stenosis, and lumbar sprain/strain associated with an injury date of 09/25/1995. Medical records from 2013 to 2014 were reviewed. Latest progress reports show that the patient still complains of pain 2-3/10 exacerbated by prolong sitting/standing, lifting, twisting, sneezing, and walking. On physical examination, there is tenderness of the lumbar paraspinal muscles. Lumbar ranges of motion were restricted in all directions. Muscle stretch reflexes are 1 and symmetrical bilaterally in all limbs. Muscle strength is 5/5 in all limbs. He is able to work full time. The patient has benefited from the physical therapy sessions, which would decrease his lumbar spine pain to 1/10, decrease his Ultram intake, and allowed him to work full-time. Treatment to date has included medications, acupuncture, physical therapy, and prior chiropractic management. Medications taken include Tramadol, Ibuprofen, Lisinopril, MS Contin, Ultram, Percocet, Aspirin, Atorvastatin, Buspirone, Cialis, Docusate Sodium, Metoprolol, Nortriptyline, Prilosec, Wellbutrin and Vytorin. Utilization review dated 04/23/2014 denied the request for chiropractic therapy because there was no clear functional goal to be achieved with the treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of chiropractic therapy at one time a week for 8 weeks for the lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, manual therapy such as chiropractic care is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement in the patient's therapeutic exercise program and return to productive activities. The recommended initial therapeutic care for low back is a trial of 6 visits over 2 weeks, with evidence of objective functional improvement. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. In this case, there was mention that the patient had previous chiropractic treatment although no clear detail was provided as to how many sessions were completed and functional outcomes. There was no clear and specific functional goal to be achieved with additional chiropractic treatment. The patient is already progressing with physical therapy. The clinical indication has not been established. Therefore the request for 8 Sessions of chiropractic therapy at one time a week for 8 weeks for the lumbar spine is not medically necessary.