

Case Number:	CM14-0065123		
Date Assigned:	07/14/2014	Date of Injury:	05/19/2009
Decision Date:	08/11/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/07/2014

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:

As per the medical records provided the applicant is currently a 40 year old female who sustained a work related injury to lower back region that occurred on May 19, 2009 from slipping while on a stool while on top of a three step stool landing on her right foot. She is employed as a cook. Medical records indicated the applicant has sustained prior multiple work related injuries. On 3/27/09 the applicant was on top of a three-step stool to pull a pot to bring it down and she slipped and fell on her right leg and twisted her back and right knee. On February 5, 2010 injury to the right wrist and thumb related to lifting; On July 8, 2012 a lower back pain and right leg pain related to bending and twisting, on October 18, 2012 right arm/elbow injury related to striking arm on a freezer. There is also a past medical history significant for asthma and depression. Thus far, treatment has included a few physical therapy sessions, chiropractic treatment consisting of 14 visits from 12/22/12 through 2/8/14 as well as an epidural block to the lumbar spine. The diagnosis was given as: displacement of lumbar disc, non-allopathic lesion, lumbar region, radicular neuralgia, and lumbar sprain/strain. Upon review of PR-2 chiropractor report dated 2/25/14 the applicant subjectively complained of lower back pain more on the right with pain to the right leg and stress. She has significant improvements with care and her pain level of 3-4/10 in the lower back and following treatment was 2/10 with better range of motion and less tenderness. Examination revealed less tenderness, muscle spasm and myofascial pain in the paravertebral muscles with trigger points, lumbar extension was restricted 15-20%, decreased dermatomes on the right lower extremity, Achilles tendon reflex absent bilaterally, patellar tendon reflex trace on the right and +1 on the left, pain and tenderness of the right SI joint. Heel and toe walk increased lower back pain. At the time of this 2/25/14 examination, the applicant was not working due to right shoulder surgery. With regards to the lower back she can do intermittent bending and able to lift up to 15 pounds and 50-60 minutes of sitting, walking and

driving. At this point there was a request to authorize 14 chiropractic visits which were already received from 12/22/12 thru 2/25/14 and additional 2-4 visits to further improve her functions. In a utilization review report dated April 16, 2014 the reviewer determined the request for three sessions of chiropractic therapy for treatment of the lumbar spine was non-certified and not sanctioned under the California MTUS Guidelines section manual therapy and manipulation for the low back. The reviewer indicated upon PR-2 forms submitted for dates of services 1/4/13, 2/8/13, 6/29/13, 2/8/14 and 2/25/14 chiropractic pre-authorization requests were submitted. On chiropractic record dated 2/25/14 there 14 visits were received from 12/22/12-2/8/14 with a request for additional 2-4 visits. The reviewer indicated treatment was well beyond the recommended 6-8 week time period. There was no evidence of a flare up or exacerbation. The reviewer indicated the chiropractor documented that in absence of treatment the applicant would become worse and has significant difficulties to do her activities of daily living indicating treatment is reflective of maintenance treatment. The diagnosis was given as: displacement of lumbar disc, non-allopathic lesion, lumbar region, radicular neuralgia, and lumbar sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 sessions of Chiropractic Therapy for the Lumbar Spine: 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 9792.20-9792.26 MTUS Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The applicant injured the lower back on May 19, 2009. The medical records by the applicants treating chiropractor indicate continued complaints of lower back pain more on the right with pain to the right leg and stress. She has significant improvements with care and her pain level of 3-4/10 in the lower back and following treatment was 2/10 with better range of motion and less tenderness. On chiropractic record dated 2/25/14 there 14 visits were received from 12/22/12-2/25/14 with a request for additional 2-4 visits. The records indicated that she was not working due to right shoulder surgery and is recuperating until released by her surgeon. Records indicated she was able to work with regards to the lower back with restrictions. It must be noted this applicant sustained a work related injury on 7/8/12 to the lower back with pain and right leg pain as well. At that point records documented treatment consisted of physical therapy, acupuncture and four visits of chiropractic care were received. She was sent at this time to do an MRI of the lumbar spine and indicated she would have to do an injection if she was not better with conservative care. Records do indicate an epidural block was received to the lumbar spine. Treatment was indicated as not being effective with regards to the 7/8/12 industrial injury. The request for additional chiropractic treatment was for the 5/19/09 industrial injury. Upon initial review of chiropractic report dated 12/22/12 there were complaints of low back pain more on the right with pain to the right leg as well as stress. The records indicated that the 14 chiropractic visits were initiated on this date. A diagnosis was given as lumbar disk syndrome, radicular neuralgia, lumbar sprain/strain and segmental dysfunction. The chiropractor indicated at this time the applicant was able to work with restrictions. Upon review of chiropractic report dated

2/25/14 at this point the applicant had already received 14 visits with a request for 2-4 additional. Although there was documented pain reduction with treatment there was no indication at this time the applicant was working. She was recommended to return with restrictions. The MTUS For Chronic Pain guideline page 59 recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The guideline recommends a trial of six visits over two weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The applicant has received 14 visits to date with a first request to authorize these prior 14 visits on 2/25/14. The current request is in excess of the guidelines. A trial must first be requested before additional chiropractic visits can be certified and only if the trial results in functional improvement and pain reduction. There was no evidence of objective functional improvement with a return to work after the initial trial of six visits. There is also no evidence that this applicant in this point in time has maintained returned to work. As the guidelines document there should be a formal assessment whether the treatment is continued to produce satisfactory clinical gains after an initial trial of six visits over a two week period. The proposed request for three sessions of chiropractic treatment was not medically necessary and appropriate.