

Case Number:	CM14-0068144		
Date Assigned:	07/11/2014	Date of Injury:	10/17/2011
Decision Date:	08/13/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 a 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:

The patient is a 49-year-old female born on [REDACTED]. There is a reported date of injury on 10/17/2011, and records indicate while working as a caregiver she experienced an injury to her neck and back while helping an employee left her legs. The medical provider's examination record of 09/25/2013 indicated the patient was seen in orthopedic re-evaluation relative to continued neck and back complaints. On examination, there was cervical and bilateral trapezius tenderness, cervical flexion within two finger breadths of chin to chest, cervical extension to 10, lateral cervical rotation 60 bilaterally, and upper extremity strength globally intact. Lumbar examination findings were noted as slight tenderness in the lumbar paravertebral musculature, lumbar flexion 60, lumbar extension 10, and bilateral lateral bending 30. The patient was diagnosed with multilevel cervical herniated nucleus pulposus and grade 1 spondylolisthesis L5-S1. The provider requested physical therapy at a frequency of 3 times per week for 4 weeks. The patient underwent orthopedic re-evaluation on 01/06/2014 after having completed 6 physical therapy visits for her cervical spine with noted improvement. The provider requested authorization for 12 visits of physical therapy for the cervical spine. In orthopedic re-evaluation on 03/19/2014, the patient reported continued neck and low back pain. On lumbar examination there was lumbar tenderness, no spasm noted, she was capable of flexing to 60 and extending to 10, lower extremity motor examination intact, lower extremity sensation intact to pinprick and light touch, lower extremity DTRs 2+ bilaterally, and straight leg raise negative at 90. Diagnosis was noted as grade 1 spondylolisthesis. A lumbar spine MRI was performed on 04/18/2014 with findings of a 2 mm right posterolateral disc protrusion at L2-L3 level encroaching into the right subarticular gutter, loss of disc height and disc desiccation at L3-L4 level with 1 1/2 mm broad-based posterior disc bulge and intraplate osteophyte complex indenting the anterior aspect of the thecal sac with hypertrophic changes set facet joints bilaterally, spondylolysis of L5 with 3 mm

anterolisthesis of L5 on S1 and disc desiccation at L5-S1, and an incidental finding of large fibroid lesion of the uterus. In orthopedic re-evaluation on 04/23/2014, the patient reported continued complaints of low back pain. Lumbar examination revealed tenderness in the paravertebral musculature, lumbar flexion 60, lumbar extension 10, lateral lumbar bending to 30, sitting straight leg raise negative bilaterally, and lower extremity strength intact. The provider requested authorization for a short course of physical therapy to the lumbar spine at a frequency of 3 times weekly for 4 weeks. In orthopedic re-evaluation on 06/18/2014, the patient reported continued low back pain. On lumbar examination there was tenderness in the paravertebral musculature, flexion to 40, extension to 10, lateral bending to 30, lower extremity strength was globally intact, and sitting straight leg raise was negative bilaterally. There is a request for an initial course of 12 chiropractic treatment sessions as treatment for the diagnosis of spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Chiropractic x 12 sessions: Upheld

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

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

Decision rationale: The request for 12 initial chiropractic treatment visits is not supported to be medically necessary. California Medical Treatment Utilization Schedule (MTUS) (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits of manual therapy and manipulation in the treatment of chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if return to work (RTW) then 1-2 visits every 4-6 months. There was no documentation of measured objective functional improvement with chiropractic care, no evidence of an acute flare-up, and elective/maintenance care is not supported; therefore, the request for 12 initial chiropractic treatment visits exceeds guidelines recommendations and is not supported to be medically necessary.