

Case Number:	CM14-0069565		
Date Assigned:	07/14/2014	Date of Injury:	11/20/2012
Decision Date:	08/11/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/14/2014

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 58-year-old male, born on 10/08/1955. An injury date of 11/20/2012 is reported, but no historical information of the biomechanics of an injury was provided for this review. Six chiropractic treatment sessions were requested on 07/19/2013. The patient presented for follow-up medical care on 10/24/2013 with complaints of low back pain and radiation to the left lower extremity. The patient had completed 3 chiropractic therapy sessions with reported improvement. There was a request for an additional 6 chiropractic treatment sessions. The patient presented for medical care on 12/12/2013 with ongoing low back pain. He had reportedly completed chiropractic therapy in the past which had helped reduce pain and improve movement. The provider reported waiting authorization for additional chiropractic therapy at a frequency of 2 times per week for 3 weeks. The medical provider's 02/06/2014 PR-2 reports patient complaints of ongoing low back pain. The patient had not yet started additional chiropractic therapy due to recent oral surgery, and he was not ready to complete his additional chiropractic care. Examination findings included: thoracolumbar spine tenderness; lumbar spine flexion 50/70, extension 20/30, bilateral lateral bending 15/25, and bilateral rotation 25/30; lower extremity DTRs 2+ bilaterally, sensory examination of L1 to S1 dermatomes normal, lower extremity muscle strength 5/5, normal gait, and supine straight leg raise negative bilaterally. The patient was diagnosed with 1) Lumbar disc herniation L5-S1 with neuroforaminal stenosis, 2) small disc herniation L4-L5 with annular tear, and 3) resolved cervical strain. The patient had reportedly been authorized additional chiropractic treatment at a frequency of 2 times per week for 3 weeks. The PR-2, examination date of 03/13/2014, noted the complaint of ongoing unchanged low back pain was reported. The patient was advised to complete the authorized chiropractic treatment sessions. The medical provider's 04/17/2014 PR-2 reports the patient had complaints of ongoing low back pain with left radicular pain to leg with complaints of numbness and tingling depending

on position while working. Examination findings included: no thoracolumbar spine tenderness; lumbar spine flexion 60/70, extension 20/30, bilateral lateral bending 25/25, and bilateral rotation 30/30; lower extremity DTRs 2+ bilaterally, sensory examination of L1 to S1 dermatomes normal, lower extremity muscle strength 5/5, normal gait, and supine straight leg raise negative bilaterally. The patient was diagnosed with 1) Lumbar disc herniation L5-S1 with neuroforaminal stenosis, 2) small disc herniation L4-L5 with annular tear, and 3) resolved cervical strain. The medical provider noted the patient had been receiving chiropractic care with benefit to reduce pain and improve movement, and there was a request for additional chiropractic treatment at a frequency of 2 times per week for 3 weeks. Administrative records indicate 18 chiropractic treatment sessions have been authorized through 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment (additional) 2 x a week x three weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chiropractic Treatment Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines- Chiropractic sessions.

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

Decision rationale: The request for additional chiropractic treatment sessions at a frequency of 2 times per week for 3 weeks is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-60, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of low back 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 RTW (return to work) then 1-2 visits every 4-6 months. Although submitted clinical documentation does not report the number of chiropractic treatment sessions or response to care, administrative records indicate 18 chiropractic treatment sessions had been authorized through 04/28/2014. There were no chiropractic records submitted for this review to provide documented evidence of objective functional improvement with care during a 6-visit chiropractic treatment trial or thereafter, there is no evidence of a recurrence/flare-up, and elective/maintenance care is not supported to be medically necessary. The request for additional chiropractic visits is not medically necessary.