

Case Number:	CM14-0070177		
Date Assigned:	07/14/2014	Date of Injury:	11/03/2013
Decision Date:	10/06/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/15/2014

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 licensed 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 injured worker is a 38-year-old male with a reported date of injury on 11/03/2013. The mechanism of injury is described as using a 6 foot ladder underneath an aircraft to fuel it; he climbed the ladder, lifted the fuel hose overhead and described a twisting-type injury to his entire axial spine with immediate onset of pain in the cervical, thoracic and lumbar spine. The patient presented for initial orthopedic consultation on 12/18/2013. Complaints include lumbar spine pain. Lumbar spine examination reported tenderness to palpation; flexion to 20, bilateral lateral bending 20, right rotation 15 left rotation 20 and extension 15; straight leg raising and rectus femoris stretch sign negative, and there was a patchy decreased sensation in the bilateral lower extremities most notably in the S1 distribution. X-rays of the lumbar spine demonstrated mild degenerative changes. Lumbar diagnosis was noted as lumbar radiculopathy. The provider recommended a regimen of chiropractic care at a frequency of 2 times per week for 6 weeks. In orthopedic follow-up on 01/29/2014, the provider recommended the patient began a regimen of chiropractic therapy and frequency of 2 times per week for 6 weeks. In orthopedic follow-up on 02/26/2014, the patient reported some chiropractic care but remained symptomatic. The provider recommended continued chiropractic care. In orthopedic follow-up on 03/12/2014 the patient reported continued therapy. Lumbar spine examination findings were essentially unchanged from the prior examinations. The provider recommended continued chiropractic care. The patient underwent lumbar spine MRI on 03/30/2014 with the impression noted as small disc protrusion at L5-S1, otherwise normal MRI of the lumbar spine. In orthopedic follow-up on 04/02/2014, the patient reported flare-ups of low back pain with weight-bearing activities. On lumbar spine examination there was tenderness to palpation, range of motion in flexion to 20, 20 right lateral bending, 20 left lateral bending, bilateral rotation 20 and extension 20 ; straight leg raising and rectus femoris stretch sign did not demonstrate any nerve and irritability, there was a patchy

decreased sensation in the bilateral lower extremities most notably in the S1 distribution. Lumbar diagnoses were noted as lumbar radiculopathy and lumbar disc protrusion at L5-S1. The provider recommended the patient to continue with chiropractic therapy. The UR summary indicates the patient has completed 12 chiropractic therapy and eight physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back 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. The UR summary indicates the patient has completed 12 chiropractic therapy sessions. There is no evidence of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrence/flare-up, there is no measured documentation of treatment success, and elective/maintenance care is not supported. The request for 12 chiropractic visits for the lumbar spine exceeds MTUS recommendations and is not supported to be medically necessary.