

Case Number:	CM14-0070623		
Date Assigned:	07/14/2014	Date of Injury:	11/15/2010
Decision Date:	10/06/2014	UR Denial Date:	05/06/2014
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 49-year-old female with a reported date of injury of 11/15/2010. The patient underwent a physical medicine re-evaluation on 12/30/2013. Lumbar spine examination revealed slightly increased lumbar lordotic curvature, tenderness to palpation over the paravertebral musculatures with muscle spasm present in the right sacroiliac joint, straight leg raising produced low back pain, sacroiliac stress test slightly positive on the right; lumbar ranges of motion noted as: flexion 46 degrees/60+ degrees, extension 14 degrees/25+ degrees, right side bending 19 degrees/25+ degrees, and left side bending 16 degrees/25+ degrees; normal muscle bulk and tone without evidence of atrophy or spasticity, no deficits noted relative to sensation to pinprick and light touch in lower extremities, motor testing in lower extremities revealed no weakness, and patient ambulated with a normal gait. The chiropractor's progress report (PR2) of 03/18/2014, completed in difficult to decipher handwritten script, reports the patient presented with lumbar spine pain radiating into the left lower extremity with numbness and tingling that increased with standing prolonged periods of time or lifting. Pain level was noted as 5-6/10, severe and constant. Lumbar spine exam findings noted as flexion 46 degrees, extension 14 degrees, right lateral bending 15 degrees, and left lateral bending 15 degrees; SLR positive on left, and decreased sensation patchy distribution left. Lumbar spine diagnoses were noted as lumbosacral sprain/strain, 3 mm disc bulge L4-L5, 4 mm L5-S1 with disc desiccation/facet osteoarthritis per MRI of 02/2012, right sacroiliac joint sprain. The patient was to return to usual and customary work duties on 03/18/2014. The chiropractor recommended treatment at a frequency of 2 times per week for 3 weeks for lumbosacral flare-up. The chiropractor's progress report on 04/23/2014, completed in very difficult to decipher handwritten script, appears to report the patient stated low back pain radiating to left lower extremity with pain level noted as 4-6/10. The objective findings are reported in essentially illegible handwritten script. Lumbar

diagnoses are unchanged from those reported on 03/18/2014. The patient was to return to usual and customary work duties on 04/23/2014. There is a request for chiropractic care to the lumbar spine at a frequency of 2 times per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two times a week for three weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The request for 6 chiropractic visits is not supported to be medically necessary. 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 patient has treated with chiropractic care since prior to 03/18/2014, but no documentation of patient history, number of treatments rendered, measured response to prior care, or measurable treatment goals were reported. 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 prior treatment success, and elective/maintenance care is not supported. The request for 6 chiropractic visits exceeds MTUS recommendations and is not supported to be medically necessary.