

Case Number:	CM14-0073272		
Date Assigned:	07/16/2014	Date of Injury:	04/01/2013
Decision Date:	08/14/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/20/2014

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 patient is a 49-year-old male, born on 05/25/1965. On 04/01/2013, while working as a plumber, the patient injured his lower back when he lifted a water heater into a van. An initial course of 8 chiropractic visits was approved on 12/16/2013. The chiropractor's PR-2 of 01/06/2014 (12/17/2013 exam date) reported pain level 4/10 after treatment but up to 8/10. Examination findings on 12/17/2013 were noted as: chronic lumbar disc disorder, AROM to 75%, paralumbar spasms, positive left SLR 40, diminished Achilles reflex at +1, sensory loss L5, positive Mackenzie centralization, positive MR L4 disc extrusion and DJD at L3 and L5, and Oswestry better at 41/50. The patient had completed 7 of 8 chiropractic sessions with a plan for 8 more treatment sessions at a frequency of 2 times per week. The chiropractor's PR-2 of 02/08/2014 (01/29/2014 exam date) reported pain levels down to 3/10 after treatment that up to 8/10. The patient had completed 12 sessions of chiropractic care and there was a request for 8 office visits. The patient underwent lumbar spine MR imaging on 02/13/2014 with findings reported as: Generalized degenerative disc disease and at L4-5, a free fragment is noted on the right which extends slightly below the disk space and causes slight nerve root displacement. The chiropractor's PR-2 of 03/10/2014 (02/19/2014 exam date) reports the patient had lost 15 pounds with benefit. The patient reported pain level 4-6. Examination findings on 02/19/2014 were noted as: chronic lumbar disc disorder, AROM to 80%, paralumbar spasms, positive left SLR 40, diminished Achilles reflex at +1, sensory loss L5, positive Mackenzie centralization, positive MR L4 disc extrusion and DJD at L3 and L5, and Oswestry better at 44/50. The patient had completed 14 of 16 approved sessions of chiropractic care, and the plan was for 1-2 office visits per month. The chiropractor's PR-2 of 04/11/2014 (03/26/2014 exam date) reports 2-6/10 pain level. The chiropractor's PR-2 05/06/2014 (04/30/2014 exam date) reports 3-6/10 pain level. The patient had completed 10 of 10 approved chiropractic sessions. The chiropractor's PR-2 of

06/09/2014 (05/20/2014 exam date) reports 3-5/10 pain levels. Examination findings on 05/20/2014 were noted as: lumbar disc disorder, chronic AROM to 80%, paralumbar spasms, positive left SLR 45, diminished Achilles reflex at +1, sensory loss L5, positive McKenzie centralization, positive MR L4 disc extrusion and DJD at L3 and L5, and Oswestry markedly elevated without therapy to 48/50. Diagnoses were reported as lumbosacral sprain/strain (846.0), lumbar radicular neuralgia (724.4) and lumbar disc herniation (722.10). The patient had completed 16 of 16 approved chiropractic sessions. Chiropractic records indicate the patient has remained off-work from the examination date of 12/17/2013 to the present. There is a request for 6 additional chiropractic treatment sessions at a frequency of 1-2 times per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional chiropractic treatments, 1-2 per month for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 106, 111 and 115, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58 and 127.

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

Decision rationale: The request for 6 additional chiropractic treatment (manual therapy & manipulation) sessions at a frequency of 1-2 times per month 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 chronic low back pain 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. Per submitted documentation, the patient has already completed 16 chiropractic treatment sessions, and the patient remains unable to work. In this case, there is no evidence of measured objective functional improvement with chiropractic care rendered, there is no evidence of a recurrence/flare-up, the patient has not returned to work, and MTUS Guidelines does not support maintenance care; therefore, the request for additional chiropractic treatment is not supported to be medically necessary.