MAXIMUS Federal Services

Case Number:	CM14-0074088		
Date Assigned:	07/16/2014	Date of Injury:	08/10/2012
Decision Date:	10/09/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 58 year old male with a reported date of injury on 08/10/2012 and 02/03/2014. The mechanism of injury was a motor vehicle accident. The injured worker's diagnoses included degenerative disc disease and degenerative arthritis of the cervical spine, degenerative arthritis and degenerative disc disease of the lumbar spine with mild radiculitis, and an old injury involving the left lower extremity with neuropathy. The injured worker's previous treatments included medications, activity restrictions, a home exercise program, epidural blocks, chiropractic care which gave him some relief, and 6 session of physical therapy from 02/26/2014 through 04/03/2014. The injured worker's diagnostic testing included an MRI of the lumbar spine dated 07/15/2012 which was not provided for review. No pertinent surgical history was provided. The injured worker was evaluated for left superior trapezius pain and low back pain on 04/21/2014. The clinician observed and reported some cervical spine tenderness with muscle spasm to the superior trapezius. A focused examination of the lumbar spine revealed no tenderness or muscle spasm. The injured worker was unable to heel/toe walk due to complaint of weakness in the lower extremities. The back range of motion was measured at 20 degrees of flexion, 10 degrees of extension, and 15 degrees of right and left bending. The injured worker complained that back pain increased with all range of motion. The supine straight leg test increased back complaints at 60 degrees bilaterally. Deep tendon reflexes were measured at 1+ to the bilateral knees, trace reflex to right ankle, and absent for the left ankle. Some sensory loss in the left leg was documented. The treatment plan included lower extremity EMG/NCV, chiropractic treatments twice per week for 3 weeks, and discontinues Naproxen. The injured worker's medications included Flexeril 5 mg 1-2 tablets once daily at bedtime as needed; Tylenol 650 mg every 8 hours as needed for pain; naproxen 500 mg twice per day as needed; and a Medrol 4 mg dose pack as directed. The request was for chiropractic treatment for the lumbar

spine two times a week for three weeks. No rationale for the requested treatment was provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment for the Lumbar Spine Two Times a Week for Three Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58-59.

Decision rationale: The request for chiropractic treatment for the lumbar spine two times a week for three weeks is not medically necessary. The injured worker complained of low back pain and reported previous chiropractic treatments which gave him some relief. The California MTUS Chronic Pain Guidelines recommend manual therapy and manipulation for recurrences of low back pain, if return to work was achieved, of 1-2 visits every 4-6 months. The documentation provided indicated the injured worker has returned to work. There is a lack of documentation demonstrating objective, measurable functional improvements with the prior chiropractic treatment. Additionally, the request is for 6 treatments in 3 weeks which would exceed the recommended amount and frequency for manual manipulation for exacerbations of low back pain. Therefore, the request for chiropractic treatment for the lumbar spine two times a week for three weeks is not medically necessary.