

Case Number:	CM14-0074298		
Date Assigned:	07/18/2014	Date of Injury:	11/11/1986
Decision Date:	09/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/22/2014

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 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 69 year old female who sustained an injury on November 11, 1986. She is diagnosed with lumbosacral spondylosis without myelopathy, back pain, radiculitis, lumbar radiculopathy, degenerative joint disease, lumbar degenerative joint disease, sciatica, lumbar disc disorder without myelopathy, and coccygodynia. She was seen on May 30, 2014 for an evaluation. She complained of back pain, which was described as aching, constant and dull. She rated the pain a 6/10 and reported that the pain radiated down to the right leg. An examination of the lumbar spine revealed moderate tenderness over the bilateral upper and lower lumbar paraspinal muscles. Tenderness was also present over the L3-L4, L4-L5 and L5-S1. Her range of motion was limited and her straight leg raising test was negative bilaterally. Her Kemp's test was positive bilaterally. Motor examination of the lower extremities was 5/5 bilaterally and sensation was intact to light touch.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY : CHIROPRACTIC TREATMENT 1X4 VISITS FOR THE LUMBAR SPINE (MASSAGE AND MANIPULATION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY & MANIPULATION: LOW BACK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Manipulation.

Decision rationale: The request for four sessions of chiropractic therapy to the lumbar spine is not medically necessary at this time. A review of medical records revealed that the injured worker previously underwent 18 sessions of chiropractic therapy and derived no significant benefit from it. More so, the Official Disability Guidelines stated that one of the factors for a successful outcome from spinal manipulation is that duration of symptoms is less than 16 days. Hence, proceeding with this modality is not necessary because the medical records revealed the chronicity of the injured worker's low back pain. No foreseeable benefit will be obtained from the four sessions of chiropractic therapy at this time.

REFERRAL TO AN ORTHOPEDIST (FOR CONSIDERATION OF REPEAT LUMBAR RFA): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC) CHAPTER FACET JOINT RADIO FREQUENCY NEUROTOMY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

Decision rationale: The request for a referral to an orthopedist is not medically necessary at this time. This is not in accordance to the American College of Occupational and Environmental Medicine guidelines. There was no evident documentation of severe neurologic compromise subjectively and objectively from the medical records reviewed to necessitate a referral.