

Case Number:	CM14-0077058		
Date Assigned:	07/18/2014	Date of Injury:	06/16/2013
Decision Date:	08/15/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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 New York. 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:

Upon review of the medical records provided the applicant was a 34 year old female whom sustained a work related injury while employed by [REDACTED] as a laborer that occurred on June 16, 2013. The medical records indicated that the mechanism of injury was indicated as cumulative trauma from June 6, 2012 through June 6, 2013. Due the nature of her employment which included physical activities she was required to lift and carry rolls of linen weighing up to 150 lbs with assistance. Gradually, she developed pain in her right shoulder, wrists, hands, and back. The applicant has been temporarily totally disabled and has not returned to any gainful employment since June 6, 2013. Thus far, treatment has consisted of 24 physical therapy sessions and 24 chiropractic care sessions with no alleviation of pain. An MRI of the right shoulder dated 1/21/14 revealed no abnormalities. An MRI of the lumbar spine dated 1/22/14 revealed disc desiccation and a 4mm posterior disc protrusion at L5/S1 and subtle thoracolumbar scoliosis. An MRI of the cervical spine dated 1/21/14 revealed multilevel degenerative disc disease, a 3 mm posterior disc bulge at C4/5 and 2 mm posterior disc bulge at C3/45 and C5/6. Medications include Buspirone, Tylenol, Estazolam, Citalopram, Alprazolam and Genicia. Upon review of orthopedic agreed medical examination report dated January 20, 2014 there was a chief complaint of constant low back pain. There were also complaints of constant neck, right shoulder pain, bilateral wrist/hand pain with tingling, numbness and weakness. In this report was a chiropractic progress report dated 11/1/13 indicated the applicant presented with continued complaints of neck, lower back and right shoulder pain. Physical therapy was helpful and the disability status was unchanged. A chiropractic progress report was dated 11/5/13 and indicated that she was to complete chiropractic physical therapy. A chiropractic progress report dated 12/13/13 indicated continued pain in the lower back, left shoulder, wrists and hands. Disability unchanged. Examination revealed no appliances worn, thoracic and lumbar kyphosis was

normal, heel and toe walk were normal, she completely arises readily with squatting, paraspinous tenderness that was moderate bilateral with guarding of the lumbar spine, slight lumbar spasm, L5/S1 moderate bilateral midline tenderness with guarding, lumbar ranges of motion were normal in all planes of motion with some restriction in extension and flexion, there were no lower extremity sensory deficits, there were no lower extremity reflex deficits, there was no motor weakness, lumbar orthopedic testing was all negative. A diagnosis was given as: mild cervical myofascial sprain/strain, impingement syndrome, right shoulder, normal bilateral wrist examination and lumbar myofascial sprain/strain. The applicant was re-evaluated on 2/13/14 by the same orthopedist performing the agreed medical examination and presented with continued complaints of constant low back pain. There was no change with regards to the back examination including ranges of motion, spasm, paraspinous and midline tenderness. A diagnosis was given as L5/S1 central disc protrusion. She does not have significant radiculopathy of the lumbar spine and appears to primarily have mechanical back pain. The examiner indicated that in the absence of surgical fusion surgery at the L5/S1 level her lumbar spine condition has reached maximum medical improvement. In a utilization review report dated 5/9/14, the reviewer indicated the applicant has low back pain, radiating down the bilateral lower extremities. There are exacerbations daily with constant pain. Numbness, tingling and burning noted to bilateral lower extremities, limited cervical and lumbar range of motion and tenderness. A straight leg raise test was positive bilaterally. At this point the applicant has completed 24 sessions of physical therapy and 24 sessions of chiropractic care with no alleviation of pain. The reviewer indicated that the request for chiropractic treatment three times per week for two weeks to the lumbar spine was not medically necessary based upon the California MTUS Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation chapter. Despite extensive care the applicant still continues to complain of activity-limiting pain. The prior 24 sessions of chiropractic treatment of chiropractic failed to alleviate her pain or allow her progress in functionality, there was no indication that an additional 6 sessions would be beneficial. At this point the applicant has already received 6 sessions in excess of guideline recommendations and therefore treatment was not indicated and non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x Wk x 2 Wks (6) Lumbar Spine: Upheld

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

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

Decision rationale: The requested additional chiropractic treatment at a rate of three times per week for two weeks to the lumbar is not medically necessary. Chiropractic treatment has been utilized to their maximum for the expected results and to continue their implementation is not sanctioned under the MTUS Chronic Pain Medical Treatment Guidelines. As the MTUS guidelines documented for recurrences and flare-ups, there is a need to re-evaluate treatment success and if the patient has returned to work, then 1-2 visits every 4-6 months may be

warranted. 24 chiropractic treatment sessions were indicated as being received with no specific documented functional improvement. The applicant has not returned to work since June 6, 2013 and remains on total temporary disability despite having completed a course of chiropractic.